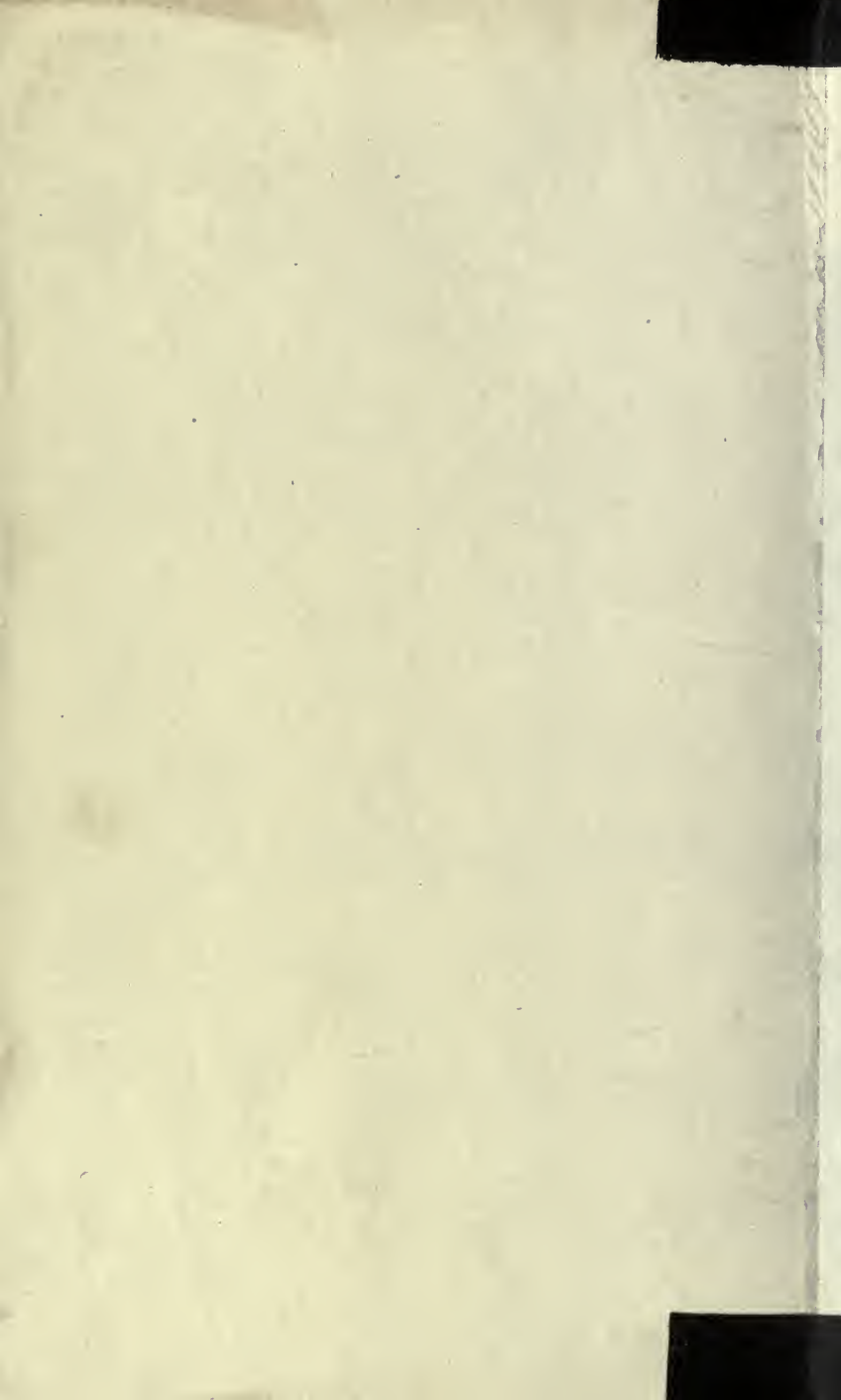




THE TORONTO GRADUATE NURSES CASE





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CONTENTS OF VOLUME IV.

	Page.
A Short Course in Hospital Methods. C. A. Alkens	114
A Canadian Nurse in Rome. Nurse Catherine	359
A Great Banquet ..	417
A Layman's View of Hospital Work. J. Ross Robertson	545
Canadian Nurses and the American Hospital Association. C. A. Alkens. 164	
Canadians in London. M. A. Ellison..	473
Canadian Training Schools for Nurses. C. H. Greene	596
Diet for the Sick. A. E. Hutchison..	212
Diet. Mrs. Fraser Torrance	364
District Nursing. Mrs. Barrow	368
Ethics. Jean M. C. Scott	372
Hot Springs, Arkansas	65
I Was Sick and Ye Visited Me. C. Wil- liams	1
Loyalty. Mary A. Fogarty	416
Milk in the Invalid's Dietary C. A. Alkens	312
May in Newfoundland. C. Williams ..	314
Nursing on Railroad Construction. J. B. Higgins	161
Number of Applicants. L. B. Rich- ards	464
Nursing Renal Disease. E. R. Greene	471
Nursing of Children. E. Potts	531
Our Own Magazine. M. J. E. Morton	256
Our Association. G. B. Ward	363
One's Own Patient. Graduate Nurse.	371
Private Nursing— Introductory Article. A. M. Roberts	7
The Nurse. G. A. Hodgson	59
The Nurse. J. H. Halpenny, M.D. ..	60
The Patient's Room. N. Gilmour ..	109
The Private Nurse and the Family. I. M. Stewart	155
The Patient. K. B. Simpson	205
The Doctor. E. B. B.	361
The Friends. Bella Crosby	312
Private Nursing in Paris. M. A. T. ..	411
Preliminary Training. M. E. Stanley	535
Q. A. I. M. N. S.	373
Regarding Pupil Nurses. C. A. Alkens	465
Slum Work in St. John's Ward. B. McIntosh	9
Surgical Nursing	112
Should Nurses in Training be Paid. A. E. B.	412
St. Mary's Hospital. I. S.	466
Society of Canadian Superintendents	519
Some Problems of the Training School. M. A. Nutting	582
Training School Records	12
Tuberculosis in Newfoundland. E. Southcott	218

	Page.
The Canadian Nurse. Bella Crosby..	255
The Period of Training. H. M. Hurd, M.D.	266
The Care of the Criminal. C. K. Clarke, M.D.	315
The Care of Incurables. Mildred Grey	317
The American Hospital Association ..	420
The Two Years' Course. L. S. Rich- ards	463
The Fernie Fire. M. E. Kidd	536
The Congress on Tuberculosis, in Washington. J. H. N.	579
Visiting Nursing. A. E. B.	105
What I Learned in 1907	63
Western Hospitals. E. I. Johns	207
Work of the Trained Nurse. Louise Brent	528
Addresses.— F. A. L. Lockhart, M.D.	260
G. S. Beck, M.D., M.R.C.S.	163
M. A. Snively	307, 524
W. W. Chipman	51
Clinical Department. C. A. Alkens, ...14, 68, 116, 166, 219, 375, 422.	474
The Victorian Order of Nurses, 16, 69 119, 169, 221, 277, 321, 378, 425, 475, 539	602
The Guild of St. Barnabas, 17, 70, 120, 170, 222, 278, 322, 379, 426, 476, 540,	603
My Scallop Shell of Quiet, 18, 71, 121, 171, 223, 279, 323, 380, 427, 477, 541,	604
Editorial, 19, 72, 122, 173, 224, 280, 324, 381, 428, 478, 542	605
Editorial Notes, 21, 76, 124, 176, 228, 281, 325, 382, 431	482
Correspondence, 23, 26, 233, 290, 436, 489, 606	
The Contributors' Club, 23, 127, 234, 442, 491	
Official Department, 24, 79, 128, 180, 230, 282, 327, 383, 432, 488, 544	610
Question Department	79, 179, 436, 489
Hospitals and Training Schools, 26, 82, 131, 183, 236, 292, 332, 385, 448, 496, 558	614
Personal Notes, 40, 96, 140, 190, 244, 300, 346, 400, 452, 504, 562	624
The Nurse's Library, 46, 100, 146, 196, 250, 304, 354, 406, 459, 508, 572	628
Publishers' Department, 200, 254, 306, 356, 408, 462, 514, 574	630



The Canadian Nurse

A MONTHLY JOURNAL FOR THE NURSING PROFESSION IN CANADA

VOL. IV.

TORONTO, JANUARY, 1908.

No. 1

"SICK AND YE VISITED ME."

One morning, directly after breakfast, the maid came in, and said, "Please, sister, a man wants to see you in the waiting room." "Where has he come from so early?" "From Griguet, a distance of twelve or thirteen miles."

I immediately went to see him. "Good morning, Sister; I hear the doctor is not home." "Not yet, we are expecting him any day." "Well, what am I to do?" "Maybe you'll do as well." "Tell me what is the matter first." "My woman is sick, real bad she is, and like to die; I'm afraid I'll lose her; she has a stitch in her side, a wonderful cough, and she has eat nothing for this long time, and she don't sleep at all. Perhaps you'll come and see her! I shall lose her if nobody sees her that understands things."

It needed a little consideration, for I had never been on a komatik journey before, and it was twelve below zero. It did not take many minutes for me to decide to go. There were plenty of willing hands to help me get ready, and to tie the coach-box on the komatik. One lent me a big fur coat which went over my own; others got rugs, cushions, and several other things, to keep one from getting cold, while I got drugs and appliances, and such things that I thought might be needed.

At last, after being well packed into the coachbox, we were off. The bell calling the people to church grew fainter as the dogs flew over the frozen harbor. The man only had five poor dogs, and I felt I ought to get out and walk up the hills, but he would not hear of it. The man walked and ran most of the way; and had to push the komatik up the hills, only going down hills did he get on. He was constantly asking if I was cold, and seemed quite pleased when I cheerfully answered, "No, not at all."

We had crossed a big bay, and had come to the foot of a very steep hill, when he halted, and said, "Now, I'll give them a rest, and I'll eat a bit of bread." While he ate he untangled the traces a little; but suddenly he asked, "Are you getting cold, Sister?"

"Only just a little." He immediately put the dogs in, and in spite of my wanting them to rest a little longer he went on, saying, "We shall soon come to a house, we'll rest there, and you can go in and get a warm." A little further on we came to a house.

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A man came out to see who it was. "Got, a woman there, Sam?" "Yes, the woman from the hospital; she's going to see my woman, she's very sick."

"Will you come in and have a warm?"

"No, thank you kindly, we are going on to the next house."

At last we come to the house. As soon as we come in, my coats, cap, vamps, and extra socks, are taken off, and all put to warm. They have had dinner long ago, but the kettle is put on the fire, the table is laid, and we sit down to a hot orange syrup drink, and biscuits. We stay three-quarters of an hour, then set out again, the man and woman coming to pack me in my box. Then on we go, through some very pretty country. It was really lovely, the sun was shining brightly, and I felt very happy, and prayed that I might do some good to the poor woman.

After a two mile run we reach Grignet, a beautiful land-locked harbor. We cross this to the house. It is a good-sized one, but the rooms are very bare. Passing through the living room, I enter the bedroom, in which are several women. As soon as I saw the sick woman I felt that I wanted to take her straight to the hospital, and put her in a nice clean bed. I found her to be suffering from pleurisy. I did all I could for her, leaving instructions what to do for her until I returned again in the morning. I then went to another house, where I was to spend the night. A very bright little woman came out to meet me, and with "Welcome to Grignet," we went indoors. Some known friends were there. Here again one was greeted with "Welcome to Grignet," and "Sister, you must stay at my house when you come this way again." We soon had tea. At seven o'clock we went out with the dogs and komatik to see a sick child. It was a glorious moonlight night, with a temperature of 18 below zero. When I returned, I had to play the organ to them, as these people boasted of one, having purchased it last fall. I began playing something very softly, when they told me that the organ would make more noise than that (evidently my playing was not to their taste), so I played something very loudly, and that just suited them. In the morning there was a girl to be treated for dyspepsia.

Then on to see my patient. I had made up my mind that she must come to the hospital. I found her a little better, and I told her I wanted her to come with me; that she needed plenty of good nourishment and nursing, neither of which she could get in her own home. She said she would like to come, because she knew what it was like, and she would be well cared for. There was a little difficulty in getting enough dogs, as most of the men had gone into the woods. I left with the understanding that they should bring her the following day.

It had already been arranged that two men, with another team of dogs, should take me home. One said, "Sister, you must come

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and see mother before you go." So I went with them. The dear old lady came out to meet me, and bid me welcome. It is a beautifully clean, well-kept house. As soon as I get in, my coats, etc., are taken off, and put to warm. "You must be warm when you sets out." Soon the table is laid, with biscuits, baked-apple jam, currant buns and tea, and the cheery old lady bids us "hold on." As we eat, I think, ah, you are very cheerful, but I know your heart is aching,, and my mind goes back to last June, when we at St. Anthony heard that two of the finest young men at Grignet had been drowned. I remember the gloom it cast over the place. This old lady was their mother, and that fine old man at the end of the table, their father.

After the meal was over, she took me into a little sitting-room, and then poured out her trouble to me. One son was up on the high cliffs, and saw the boat capsize with his three brothers in it. One was saved. He said, "While I was in the water, it seemed as if someone put a chain into my hand. All at once I thought it must be our own land-line, and sure enough, it was. I hauled myself up by it out of the water to where my brother was on the cliff, and was saved."

"What I do thou knowest not now, but thou shalt know hereafter."

I was no sooner packed away in my coach box again, when we saw a woman running across the harbor. We waited for her with difficulty, as the dogs were straining their utmost to be off. When she came, she said, "Sister, do come and see my Elihu; he was took all of a sudden, shrieking and bawling with pain." The dogs are turned in another direction, and away we go. The young man was found to be suffering from lumbago. She was told to put a flat-iron on the stove, get it hot, then put something between it and the boy's back. She begged me to spend an hour or two with her the next time I came, she had so much to tell me. Then I was packed into my box again; away we went over the ice, up hill, then rushing down hill, and around the hills with the komatik tipping on one side. There was no holding our eight dogs in now. One man sat in front of my coach with a short, thick stick, the other stood up behind. There was real pleasure in going now—no need to push the komatik up the hills with these fine dogs. The man in front had to constantly jump off to guide the komatik, his work also being to put the "drug" on when going down very steep hills, and to beat his stick on the komatik. It seemed to be the duty of both to call out to the dogs, "Look at the man, look at the man; look at the crow, look at the crow; look at the dogs, look at the dogs." This was said to encourage them I suppose. But why they could not be driven without all this noise I could not understand.

The man at the back has stopped calling out to the dogs, and I hear him singing softly:

"There's a wideness in God's mercy,
Like the wideness of the sea;
There's a kindness in his justice,
Which is more than liberty.

"For the love of God is broader
Than the measure of man's mind;
And the heart of the Eternal
Is most infinitely kind."

We arrived at the hospital in two hours and twenty minutes, a short record. The next day we looked in vain for the sick woman, but received a note instead to say that when they got a little way on the road she turned faint, and they took her back; could some nourishment be sent? Some jelly and patent food was sent. A bottle of Bovril was to be included, but knowing the people do not like it, it was made up as a medicine and labelled "strengthening medicine" with directions. This they will take quite readily.

Four days after, another man came. "Good morning, Sister. I heard how you went to see a woman at Grignet the other day, and I thought you would come and see my woman. She's very sick, don't know how it's going to be with her." Then followed many questions about the woman. "I'll take you straight away, Sister, and bring you back before dark, if dirty weather doesn't set in. I've got a good team of dogs." "How many?" "Ten." "Well. I will come as soon as I can get ready."

I am soon packed into the coach-box, and off we go right across the harbor, then over the "Old man's neck." I did not care very much about going over the "Old man's neck," for in going up my feet were up in the air, and it seemed as if I might go head first down the hill again. When we got right to the top the dogs were taken out, and told to keep behind. Then the two men guided, and held back the komatik, while I seemed to be going down standing on my feet. It was a relief to be on the ice again. (Dr. Stewart has since told me that when walking over there one day he saw a komatik lying at the bottom of the hill, all smashed to pieces.) These two men used more language to their dogs in addition to "look at dogs, man, crow." We had Rah-a-a-aa Ah-a-a-a-a, "Did you ever see such a dog?" Now, that dog is more like an elephant." "If I was only out long side yer wid my stick wot would I give yer!" All say, "hol' in" (to the left), "hol' out" (to the right), "hollo" (go on), "way" (stop).

A fall of snow in the night made the going not very good. We got to the house in one hour and a half. The woman was ill with heart trouble. Some medicine suitable had to be sent, as I came prepared for quite a different disease. "Pain in the stomach" may be the abdomen, chest or stomach. A woman came to me, and putting her hand on her throat said she had a wonderful pain

in her chest, so that their description is often misleading. After tea, we set out again, having been presented with a bottle of bake-apples by the patient.

I hear the man say, "I got the Sister here quite warm, and I want to get her back without getting cold, I think we had better take a sail with us." "Yes, take a sail, and cover it right over her," they all chimed in, for by this time there were a dozen men and women in the house. I did not like the idea of a sail being put over me, but I was very glad of it going over a long stretch of high ground, known as the barrens, where, at intervals, there are posts to guide the travellers. Here the wind blew so much that the snow drifted, which made one think we were out in a blinding snow storm. We were all glad when we reached the hospital, and also glad that a poor soul had been cheered and comforted.

CECILIA WILLIAMS.

WHAT I LEARNED IN 1907.

(Contributed to by Miss Evelyn L. Perchard, St. Jean, Quebec; Miss Flaws, Superintendent of Butterworth Hospital, Grand Rapids, Michigan; Miss Wills, of Chicago; The Hospital for Sick Children, Toronto, and others.)

CUSTARD.

Recipe for a delicious unsweetened custard: 1 cup chicken broth, 1 egg slightly beaten; mix well together in a bowl, and place in a saucepan of boiling water on top of the stove, and cook slowly.

TYPHOID.

A bad case of typhoid which I nursed lately was greatly benefited by the use of sugar (maple), or homemade cream candy. It happened to be the first time I had seen sugar given; the doctor said it was something new, which he had found very beneficial in a number of cases.

LOCHIA.

If a thick book or a few magazines be put under each bedpost at the head of the bed the second or third day after a confinement, it lessens the liability of a retention of lochia, which so frequently causes discomfort and a slight rise of temperature about the seventh or ninth day.

THE NIPPLES.

Did you ever use swabs for cleansing the nipples? Take a box of toothpicks, wind one end with absorbent cotton, and keep in a glass jar with a lid. When one is required, dip into boric acid solution and wash the nipple with this swab. This is much

more satisfactory than keeping the solution in a glass and dipping cotton into it with the fingers.

For tender nipples, I find the following very helpful:

Take several thicknesses of gauze and cut it into a four-inch square, with a round hole in the middle about an inch in diameter; saturate it in alcohol, and lay it on the breast, the nipple being supported and held erect by the gauze ring. Put a small piece of cotton soaked in alcohol over the nipple.

INFANTS.

I find that if babies are nursed at three instead of two hours intervals, they are not going to have indigestion. This applies to young infants.

THE ELECTROTHERM.

During the last year the "Electrotherm" has replaced the hot water bag, and the "Japanese paper ice bags" the rubber ice cap, in the Hospital for Sick Children. The former is composed of wires insulated and protected by asbestos, woven into a thin, light, and flexible pad, which, when connected to the ordinary incandescent light socket, offers sufficient resistance to the current to produce a constant and uniform degree of heat. It is provided with regulating switch, connecting plug, and 15 feet conducting cord. The pads require no more current than a 16-candle power, and can be procured in various sizes.

THE JAPANESE ICE-BAG.

The advantage of the Japanese ice bags is that they more nearly conform to perfect sanitary conditions than the rubber bags, which are used for different patients, while these are so cheap that when once used they may be thrown away. They are light in weight, perfectly pliable and waterproof, and made in various sizes. To get best results the bags must be moistened before using, and in closing after filling it will be found that the most secure method is to begin with the neck flat, full width and fold toward the body of the bag, then fold or compress, and tie securely with string.

THE BED-SWING.

In all cases of pelvic peritonitis, general peritonitis (or anything of that nature requiring drainage), we have the patient sitting up in bed as straight as possible, and to keep her from slipping down a swing is used. This is a board the width of the bed and about 8 inches the other way, thickly padded and attached to the head of the bed by ropes. The head of the bed must be high. A back rest and a number of pillows must be used to make the patient comfortable. We have found this most satisfactory, but it is not original.

PRIVATE NURSING.

A short time ago, while on a case at the hospital, I was asked so many questions by the nurses-in-training about private nursing, and our experiences pleasant or otherwise connected with it, that the thought has often come to me since that there should be some preparation during our stay in the hospital for the life we must lead when we leave the protection of our Alma Mater.

Does it not seem strange, that while we were given lectures upon every other conceivable subject, little or nothing was said to us of the obstacles to be surmounted and the difficulties to be overcome in our future work? Perhaps this is to be explained by the fact that very few of our superintendents and lecturers have any experience in private nursing themselves, having always had charge of hospitals and training schools. Surely, if we knew more of the road (and its pitfalls) along which we must travel, we would make fewer mistakes on our journey.

Is it not because hospital nursing is so different from private nursing that our nurses are so often discouraged at the outset? Is there no one of our successful graduates capable of lecturing to the pupil-nurses, and preparing them for the life they must lead?

When our three years' course was ended and we stood on the threshold of our profession, what hopes and aspirations we had! What noble work we were going to do! Our wings had already begun to grow—we were going to be angels! What those noble aims and hopes have amounted to since, we all know. How sadly we have been disappointed; how little we have done in the great work there is to do, and how often our wings have been clipped. Still, there are some of us stronger and better nurses for the conflict we have been through. We have grown more self-reliant, broader-minded, and, let us hope, more sympathetic with our fellow-creatures, because of our closer contact with them.

We go to a case; we arrive at the house; all is direst confusion, and out of that chaos order must be restored; and it is in our manner of doing this that the situation is won. We must not enter that house with our stiff-starched uniforms and most important manner, giving orders and expecting them carried out by the people of the house. No; we must go as a friend, cheering the patient, inspiring confidence in those about us, and in all ways helping and comforting those nervous, excited friends.

There is an old Eastern saying: "Words are wind, deed proveth promise. He who helps at need is kin." Let us be among those who help. Can we not become one of the family,

considering that poor, sick patient as being our own? There is nothing better than doing to others as we would wish them to do to us.

We must try to make our patient comfortable, carrying out the orders left to us with the utmost dexterity and precision, observing all the new symptoms, while listening attentively to the past course of the illness. We must keep a strict history of our case, saying little but thinking much. The patient must not know much of the course of the disease, and the chart must be carefully guarded from the friends. No patient must be allowed to be his own doctor, ordering his treatment, or in any way carrying it out. We must tactfully shew the patient how harmful this would be, and in most cases he will be reasonable. Perhaps the patient is irritable, and hard to manage. We must still be kindly and firm, though sometimes he is anxious to talk about his own case and that of his friend. We must discourage all gossiping, and never detail *our* experiences of other cases to him.

Then, too, he may have hidden anxieties and worries, and may feel that at last he had found some one to whom he can tell his woe. Let us listen sympathetically, giving all the comfort we can, and then let us lock it safely in our own breasts, never to be revealed, for that is one of the faults that we are accused of, carrying stories from one house to another. As we guard our own secrets, can we not respect our patient's skeleton in the closet?

Never, never must we parade our own troubles and anxieties. To none of our patients must we divulge our secrets or tell our family history. Many patients wish to know all about us. Can we not entertain them without that? Let us try! As our patients grow better, they are often less grateful, but we must not be discouraged by that. It is only because they are growing independent of us.

In the care of the patient we must always remember that as much or more depends upon us than upon the physician, and by our fidelity, patience, and endurance may the day be won.

We have many opportunities for doing good, and if they are properly used we will become a blessing to the world and to our patients.

Now, a few words as to our duty to the Doctor. It may be summed up in two words—be loyal—whether we like him or no, whether we think his treatment right or not, be loyal; if we cannot be so, then we should leave the case. We must never criticize him or in any way disturb the confidence the patient has in him. We are responsible to him, and so we must faithfully carry out his orders, observe the minutest symptoms, and report carefully the course of the disease.

Many trying questions about the doctor will be put to us.

Some may tax our ability, some will disconcert us, all will be more or less trying to us, but we will be expected to answer them in good faith, or weaken the questioner's confidence in our ability.

But, unpleasant as all this is, we must use tact and forbearance, and all will be well. We find our compensation in the pleasant friends we make and the many pleasant hours we spend in ministering to our congenial patients.

In spite of the fear that we may be called mercenary, I dare to express my opinion that the nurse who is businesslike is the best nurse. Not only does she do her work methodically and well, but she will demand of others the same consideration; she will have her rest provided for, her hours for recreation, and the rate per day and week will all be arranged. She who provides in this way against all mistakes and possible misunderstandings is regarded with esteem by the family, and she leaves them with regret.

Now, to sum up in a few words: We must be dutiful, tactful, conscientious, and patient in performing all our duties. Let us never be content with anything short of the best. We must make our ideals of the private nurse as high as possible. Let us "hitch our wagon to a star," and if we are discouraged, tired, and the work seems more than we can bear, remember that our Saviour, too, was tired, and oftentimes weary. Therefore, let us take heart and comfort from Longfellow's beautiful words—

"Do thy duty, that is best;
Leave unto thy God the rest."

A. MARY ROBERTS.

SLUM WORK IN ST. JOHN'S WARD.

It is customary to speak of St. John's Ward as "the slums," but there are no slums in Toronto, or at least there need not be if our more fortunate citizens will wake up to their responsibility toward their unfortunate brothers and sisters. It is true that sin is the cruelest thing in the world, and many of our friends in St. John's Ward have fallen victims to its cruel grasp, but there are jewels buried in many a one-roomed house, there are heroes and heroines hid away from the world, lost to Toronto, to our country, and lost to God, because those who could have given them a helping hand have never stretched it out. It is true that we do our little as members of the Toronto Mission Union (corner of Hayter and Laplante). Our work has been established since 1887 by the late William Howland. I have been connected with it since 1901, and during that time I have seen and heard many tragedies of the people in the Ward, and other poor of our city. Our splendid nurses who go out to nurse the sick poor find cases that will make

the hardest heart throb with sympathy. Recently they were called in by workers of the Yonge Street Mission to a case of a poor woman lying very sick, deserted by her husband; no firing, food or clothing to keep herself warm. Being Sunday, they had to borrow coal from another poor woman, who is also sick and deserted by her husband, and has to support two beautiful children, but she trusts God, and He has never failed her; but out of the little coal she had she was ready to share with her more unfortunate neighbor. The nurse carried bedding and hot milk to make the poor woman comfortable until Monday came, and we could find some one who would provide coal for her. There are hundreds of cases found every year by our faithful nurses, who, without money and without price, nurse such cases as those. It is true that the poor who can pay something are allowed the privilege of giving their mite as a donation to the Nursing-at-Home. There are many who are too poor to afford a trained nurse, but who like to be independent, and give something of their small means as a thank-offering for the nurse's service.

Then there is our Mission Hall with its many branches—the children's work, which we put more stress upon may be than any other department, because they are the hope of our work. Some of the brightest children in Toronto cluster around our old Mission Hall, and many a happy day they have spent from the day they came in their mother's arms to our mother's meetings, to the infant class in our Sunday School, to the gala day when they are sent out with the Fresh Air Mission for two weeks' holidays to our warm-hearted farmers who take them for Jesus' sake—two to each home for two weeks. We sent out 500 last year, and the little things talk from one year until the next of the time they go to the country again. One little woman who has seven children, the eldest 11 years, is already trying to find old clothing in our store where we keep clothes for the poor, so that she can cut them down, and make up again for her children. She has to start now or she would never be able to get seven covered and fit to go to their friends in the country, and it would never do to have to keep one of these little ones home for want of clothes. Then there are our Girls' Clubs—the juniors are called the Alexandra League, and the seniors carry the beautiful name Victory League—their motto being, "This is the victory that overcometh the world, even our faith." Our boys' club bears the name Conquerors, their motto being, "We strive to conquer," and their text, "We are more than conquerors through Him who loved us, and washed us in His blood." They are conquerors in every sense of the word, and space here would not allow me to tell of their interesting lives, from the time they came as a street corner gang and asked me to take them as a club, where for more than two years they refused to go to work or to school, chased by the police, until to-day you will have difficulty to find nicer young men anywhere. Loyal,

good-hearted, willing and splendid workers; not only working for themselves but always willing to help with the work of the Mission, more especially with the work amongst the younger boys. Then there is the work for our mothers, where the poor, tired mothers, many of them working hard all week, come to our Mission, some on Thursdays and some on Wednesdays, often with a baby in their arms and one, two or three running at their heels. I have a class of my own on Wednesday of every week, the year round, with a membership of 159 women and nine old men, who are all poor, and who come week after week to hear the blessed old Gospel. Then there are our Saturday and Sunday night Gospel services, Bible class on Sunday afternoon, morning and afternoon Sunday School, tract distribution, open-air services, prayer circles, and then the Bible woman's work; this is really what I was asked to write about, but as we touch all departments I want to show you how it is that we are able to reach so many of the poor and destitute. I am blessed with an excellent assistant, Miss Griffith, and many willing workers. Our work is very large, and therefore it takes a good deal of money to support a work so extensive, although most of the service is voluntary, yet we have a staff of twelve nurses and Miss Middleton, superintendent, also the Bible Woman's Home with its two Bible women and workers who come and go, with its continual stream of sufferers from want of firing, food and clothing. Many attend our meetings and classes, most of them very poor. When the winter comes on they are out of work—in many cases their own fault—at least, the man's fault—but what is a poor half-sick mother, with sometimes six, seven or nine children, to do when she could hardly live at the best of times. The house problem is one of the great difficulties at the present time; rents in many cases are more than double what they were a few years ago. In a small house on Terauley Street, three rooms and a basement, or a hole in the ground, there are somewhere about eighteen or twenty people. I do not know the exact number, as they come and go, but I know in one room there is a family of six, father, mother and four children; the children have the whooping cough, and the father has the grippe, and is not able to work. He only makes \$7 a week when he does work, and he was out of work eight weeks previous to the job he has now, and as the children are sick the mother can't go out to work. In the basement is a sweet little woman with three children. A year ago she was not so badly off, but her husband got sick and lost his position, and has never secured a decent one since, and now he has gone to Montreal to work in a mill there, but his poor, thin, tired wife, with three tiny children is left in this terrible hole to get along only God knows how, as her little ones also have whooping cough. And so this continual round of sorrow and suffering surround us every day, and if the citizens of Toronto do not waken up to help those who are trying to stop this slum tide, and to strengthen the hands of those

institutions who are already at work for the redemption of men, and to assist our city in building houses, and putting playgrounds in the over-crowded parts of our city, giving the children a chance to breathe fresh air, and develop their little bodies, if the citizens will not do this, the slum with all its vice will be upon us, but there is no need of slums in Toronto if every man will do his duty.

B. McINTOSH.

TRAINING SCHOOL RECORDS.

In the June number of the *American Journal of Nursing*, under "Editorial Comment," reference was made to the negligence evinced in regard of keeping training school records.

The view given of the subject makes careful attention to the work apparent as a duty of no slight importance and responsibility. In any work we admit the moral, mental and physical support of system and order, which is surely nowhere more needed than in hospital management.

To those who share a common interest and are engaged in the same field of labor, the preface of a plea for patience is not needed if we append some details that have been found of service in keeping training school records.

Our methods so far have been experimental, as they have been adapted, in course of time, for numbers of twenty or forty nurses, so we have no special form of record sheet, but use a large, blank book, which is ruled in columns to suit the matter noted. An index is necessary. The entries include such points as:

1. Names of pupils in school, admission, graduation.
2. List of all applicants, those accepted, and a brief statement when not.
3. List of graduates of each year.
4. Class grades and names of seniors, intermediates, juniors and probationers.
5. Staff of lecturers (doctors), subjects, examinations, and marks obtained. (All questions saved for reviews.)
6. Monthly division of time, arranged for six months.
7. An annual summary.
8. Division of night duty for each year, with total.
9. Report of nurses' practical experience.
10. Nurses' theoretical standing (marks given for school work).
11. Report of school work (weekly).
12. Nurses' "honor" report.

No. 9 shows each pupil's practical knowledge under various headings, as baths, enemata, external applications, gynecological treatments, with all their subdivisions; also catheterization and

irrigation, use of hypodermic syringe, stomach and rectal tube, transfusion, major and minor surgical preparation, obstetrical nursing, care of infants and children, contagious and nervous cases and operating room technique. This outline, once arranged, suffices for the three years.

No. 12 is suggested in the older editions of "Nursing," Hampton. Where actual figures are not called for, we mark with "c" (poor), "b" (fair), "a" (good). The pupil is given every possible hint to have "a" in her "honor" report.

No. 6 locates the nurse, specifies her work, notes vacation and lost time, and aids in the summary of night, special and private duty in connection with No. 9.

Each nurse keeps an account of her "cases" until the "a" mark can be obtained. The sisters' report is distinct from this. Notice is given to be ready for "report" day.

No. 11 shows each class in column—lessons, lectures, clinics, demonstrations, "ethics," general or special, graduations—is, in fact, a history of the school year. Exactitude is required in regular study, the nine hour system making it convenient.

The operations "seen" only are not counted, but, as an introduction, are arranged for early in the course.

Reports of cooking lessons are marked in a separate book. Where a fixed term cannot be given, the lessons and menus are numbered and attendance registered.

Keeping these records certainly requires thought and time, but the work falls into its place like any other hospital duty.—St. Joseph's Hospital, Chatham.

THE WINE OF LIFE.—I have often thought that, as longevity is generally desired, and I believe generally expected, it would be wise to be continually adding to the number of our friends, that the loss of some may be supplied by others. Friendship, "the wine of life," should, like a well-stocked cellar, be thus continually renewed; and it is consolatory to think that although we can seldom add what will equal the generous first-growths of our youth, yet friendship becomes insensibly old in much less time than is commonly imagined, and not many years are required to make it very mellow and pleasant. Warmth will, no doubt, make a considerable difference. Men of affectionate temper and bright fancy will coalesce a great deal sooner than those who are cold and dull.

The proposition which I have now endeavored to illustrate was, at a subsequent period of his life, the opinion of Jonson himself. He said to Sir Joshua Reynolds, "If a man does not make new acquaintances as he advances through life, he will soon find himself left alone. A man, sir, should keep his friendship in constant repair.—James Boswell.

Clinical Department.

THE CONVALESCENT CHILD.

A great many nurses have noticed when nursing children that when the acute symptoms have subsided the child is often more peevish and irritable than when the disease was at its height. Without doubt this is partly due to the child being allowed to see too many visitors, to talk too much, to play too much, or in some way to become overtired. There is a healthy fatigue; there is a decided danger, with invalids especially, of getting more fatigued than is wholesome. Games requiring much thought, effort, or dexterity on the part of the child, or in which he is liable to become excited or disappointed at the result of his own efforts should be reserved till normal health and vigor is more nearly established. In many cases this irritability is the result of a diet that is too stimulating or of over-indulgence in dainties of which the child is fond.

When the time comes for a walk or drive, the first one should be short, and taken on a clear, sunny day. Each little invalid is a study by himself, but these general principles will apply to most cases.

THE INVALID'S DIET.

"If I could control the kitchen connected with a sick room, I could get along very well in most cases without a drug store." The physician who made this remark a few days ago is a man of wide experience—a specialist in eye, ear, nose, and throat work. Perhaps we have been inclined to think dietetics of less importance in that department than in some others. As a matter of fact, no nurse should ever cease to be a student in dietetics. Health in any portion of the body can only come when diseased and inflamed tissues return to normal conditions. If the waste is to be repaired and wrong conditions righted, proper foods must be furnished if new, healthy cell growth is to take place. If the natural strength is to be regained the patient must desire natural food. The nurse must see that it is furnished in proper quantities at proper times, and in the best possible condition for digestion and assimilation.

Now that the heat of summer has passed every nurse should be planning to take up some special study this winter. To the nurse who graduated some years ago we would especially commend the study of dietetics. The invalid cookery book should be a part of the working outfit on every case. For a fuller study of the subject than is contained in the average cook book we would suggest the book entitled "Dietetics for Nurses," by Friedenwald and Rurah. There is enough in that book to keep a nurse's spare time profitably employed for some months. The primary meaning of "nurse" was "to nourish," and nourishment is still a highly important factor in nursing.

ARTIFICIAL HEAT.

For a foot-warmer, or when heat needs to be used around the body, a couple of common bricks answer fully as well as the best hot-water bag, and there is no danger of their springing a leak. In nursing any kind of case in cold weather, it will be worth while to try to find a couple of bricks and keep them in the oven. They can be quickly heated over a low gas flame.

**WINNIPEG GENERAL HOSPITAL ALUMNAE ASSOCIATION
WINTER COURSE OF LECTURES.**

THE Social Committee of the Alumnae Association of the Winnipeg General Hospital has inaugurated a series of seven lectures to be delivered during the winter months. By Miss Wilson's kind permission the spacious drawing-rooms of the Nurses' Home are being used as a place of meeting. Following is a list of the lecturers and their subjects: Dr. Halpenny, "Advances in Modern Surgery"; Dr. Bell, "Modern Treatment of Tuberculosis"; Dr. Mary Crawford, "Diet: Its Relation to Health and Disease"; Dr. Galloway, "Therapeutic Suggestion"; Dr. Norquay, "Care of Nervous and Insane Patients"; Dr. Bjornson, "Drugs: Their Use and Abuse"; Dr. Pierce, "The Opsonic Index." These lectures are open with fee to members of the Alumnae and the nurses of the Training School, and by the payment of one dollar to all nurses in the city. Fees are to be applied to the magazine fund. The opening lecture was held on October 15, and was largely attended. Many graduates of other hospitals than the General were present, thus making a truly representative gathering of the profession in this city. Dr. Halpenny's lecture was extremely interesting, especially in view of the fact that he has just returned from Johns Hopkins, Baltimore, where he has been doing post-graduate work. He dwelt particularly upon the advances made in the surgery of the thyroid and other allied glands, and also upon the perfecting of gastro-enterostomy. The brief glimpses he gave of modern laboratory methods were very fascinating and all too short. He also gave a short address on nursing from an ethical standpoint, which it is hoped will be published in THE CANADIAN NURSE. The object of this lecture course is two-fold, first, as a source of mutual benefit for the members of the Alumnae, and second to draw together in some common bond of interest all the nurses of the city. If this be attained the labors of the committee will be amply repaid.



The Victorian Order is feeling very much the loss it has sustained by the resignation of its Chief Lady Superintendent, Miss Allen. The nurses have always felt she was their friend, and sympathized with them in any of their difficulties in a very understanding way. All the V. O. nurses united in giving Miss Allen a silver tea service, and other silver table articles, as a wedding present. So many expressions of good-will came from all over our vast field to be sent with the gift, that it was a great pleasure to have anything to do with it.

An interesting account has come from Winnipeg of the V. O. annual meeting held recently at Government House. The Rev. C. N. Gordon (Ralph Connor) was in the chair. Lady McMillan has always taken a deep interest in the work of the Order, and to her much of the success of an entertainment held a little while ago, which netted \$550, is due. Miss McCullough, the nurse in charge, has only had assistance for part of the year, but still 1,623 calls have been made and 206 patients nursed.

The board expressed great satisfaction with the cordial relationship existing between the Margaret Scott Nursing Mission and the Victorian Order. The nurses have been boarding, but a flat is in contemplation for their greater comfort, and an appeal was made for its furnishing. Drs. Campbell, Halpenny, and Mary Crawford spoke in terms of much appreciation of the work of the nurses, and Dr. Halpenny thought a third nurse would soon be a necessity in order to cope with the demands. Tea was then served by Mrs. Henry Phillips and Mrs. E. S. Drewery. The table was a thing of beauty, large clusters of pink chrysanthemums being massed in the center, with white and pink blooms at the corners.

A POST-GRADUATE course in District Nursing will be given in the Home of the Victorian Order of Nurses, Ottawa. Apply to the Chief Lady Superintendent, 578 Somerset Street, Ottawa. Also a post-graduate course, with special instruction in Midwifery given at the cases, by an experienced obstetrical nurse. Salary, \$10.00 per month. Apply, the Superintendent, 206 Spadina Avenue, Toronto.

The
Guild of



Saint
Barnabas

"Je le pansay ; Dieu le guarit." [I tended him ; God healed him.]
—*Ambroise Paré.*

THE SECRETARY'S JOURNEY.

Now that I have returned to the home country, and have had some little time to sort my ideas, it seems to me well to record my impressions on the Guild and its work, as carried on under conditions and amid surroundings so different from those at home.

It pleased me very much to see the earnestness with which the officers in the various countries addressed themselves to their task, many of them with a great press of other business on their hands. The strain must at times be very severe, for there is no leisured class, as we have in England, to whom to turn for help when there is a throng of affairs; those in charge of the Guild must bear the extra weight, without much hope of relief. There is a great work before the Guild in these far-off countries, for which we need all our strength; our sisters working in hospitals, or otherwise, have not behind them the great traditions that come down to us from the past; they have to a great extent to make their own standards, and well they are doing it. But the Guild can help them; it can place before them a high ideal of work and conduct; it can remind them that "a Christian nurse is a delegate of Christ in His love and labor for the infirm and sick." Such a standard of work will do much to counteract the tendencies, almost inevitable in a new country, to make money the standard of life.

Now, one word of counsel. The strength of the Guild lies with the individual members. No officer, however zealous, no priest however devoted (and what a debt we owe to our chaplains and priest-associate!), can ever compensate for the slackness of individual life. May God give us all grace to be true members of the Guild of St. Barnabas!

My Scallop-Shell of Quiet

GIVE me my scallop-shell of quiet,
 My staff of faith to walk upon,
 My scrip of joy, immortal diet,
 My bottle of salvation,
 My gown of glory, hope's true gage;
 And thus I'll take my pilgrimage.

Blood must be my body's balmer;
 No other balm will there be given;
 Whilst my soul like quiet palmer
 Travelleth toward the land of Heaven;
 My soul will be a-dry before,
 But, after, it will thirst no more.
 —Sir Walter Raleigh.

IN BETHLEHEM.

The white star made a way for them
 Across the fields of Bethlehem,
 Who came to worship at His feet
 And kiss her tattered garment's hem.

The ox hath raised his voice to show
 The way wherein their steps should go;
 And they have entered with their gifts,
 And One hath smiled upon them so.

Above the frankincense and myrrh
 They heard the deep-breathed cattle stir;
 But they have touched His baby hand
 And felt the trembling smile of her.

Amen. Amen, but would to-night
 A star could lead my steps aright,
 To bow my head upon His feet
 And weep my heart out in His sight.

—Theodosia Garrison.

WE MUST LOVE.—To be unselfish we must love; to love we must believe in the reality of what we love; we must know how to suffer, how to forget ourselves, how to yield ourselves up—in a word, how to be serious.—*Amiel's Journal*.

THE PRAYER OF AN EGYPTIAN PHYSICIAN.—By Thy grace I have been called to watch over sickness and health of men, and I make ready now to start in the professional work of the day. Be my strength, good Lord, in this great undertaking, and bless my work that it may be good. Let me be filled with love of man and my art, and do not let desire for gain or position or fame interfere with my duties.

The Canadian Nurse

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No. 1.

Editorial.

A HAPPY NEW YEAR.

A Happy New Year to all our readers, with our cordial thanks for all they have done for us! May we be able to do as much or more for them and help them to fill their place and fulfil all their hopes!

WHAT I LEARNED IN 1907.

Our readers will, we know, appreciate this article in the present number. We shall be glad to receive on or before January 1st, 1908, from any of our friends, further contributions for the next article under the same head. Even if it is only a little thing you have learned, do let the profession have the benefit of it and send it to the Editor to-day.

BETHLEHEM.

And still the world goes even unto Bethlehem. The great thing that came to pass there remains more wonderful as the years go by, and whether in Canaan or in Canada, the true scientist, the worker with the true professional spirit, sees Christ more clearly. Such a one was the great American scientist who, on a recent visit to Canada, said: "It was inevitable, perhaps, that this change should begin with a sharp conflict between the workers in Science and the believers in the old faith. The bitterness of that conflict has long since passed away. We realize to-day that religion in its truest sense remains untouched. Furthermore, the simple figure of Jesus Christ stands out at the beginning of this new century all the more distinctly because the veil of tradition and mystery has been pulled aside."

But to him whose heart is pure

Every morn is Christmas morn;

In his heart, he may be sure,

Day by day, the Lord is born.

THE PRIVATE NURSE.

For six months and more we have been trying to arrange a series of articles for the special benefit of the private nurse, who, like the private soldier, is the most important person in the army. We have had Miss Roberts' article, which was the germ of the series, for at least a year, and Miss Roberts, with characteristic modesty and even nobility of disposition, has not once reproached us with not publishing it sooner! The series consists of seven articles:—

Introductory. By Miss Roberts, of Toronto.

The Nurse. By Miss Hodgson, of Cleveland.

The Doctor. By Miss Barwick, of Toronto.

The Patient. By Miss Kate B. Simpson, M.G.H., Montreal.

The Patient's Room. By Miss Gilmour, R.V.H., Montreal.

The Patient's Friends. By Miss Crosby, Toronto.

The Family. By Miss Stewart, Winnipeg.

Correspondence and discussion in reference to any of these articles will be welcome.

OTTAWA AND KINGSTON.

The Kingston General Hospital and the proposed new Hospital for Tuberculosis at Ottawa are among the latest institutions to benefit by the energy, cleverness and organizing genius which it takes to plan, initiate, and carry out a great bazaar. The "Made in Canada" Fair at Kingston and the Grand Bazaar at the time of the King's Birthday in Ottawa, are worthy to rank with the most successful achievements of their kind, and they have added \$25,000.00 or more to the financial resources of these two institutions—a great gift. The beauty and real commercial value of the materials of the Fair, the artistic and historical interest of the spectacles presented, and the co-operation of so many hundreds of people, everyone, from His Excellency the Governor-General and the Premier downwards, being happy to do his or her part, make these events, for their own sake, pleasant and memorable, and their good object makes it all worth while.

THE NICHOLLS HOSPITAL.

Mrs. Nicholls, of Peterboro, and Mrs. Lett, of Collingwood, will always be remembered among the benefactors of Canadian hospitals, and their example, we hope, will inspire kind and benevolent acts on the part of many who may never have seen them, but to whom they, being dead, yet speak. The estate of the late Mrs. Nicholls

has just been wound up, and Mr. Richard Hall, on behalf of the trustees, has had the privilege and satisfaction of handing over to the Board of Governors of the hospital the sum of \$30,000.00 for additional buildings, and securities to bring the total endowment of the hospital up to \$200,000.00, which, with the Government grant and other sources of income, will make the hospital self-sustaining. It is to be hoped, however, that the town itself will share with the Nicholls Hospital the good work of caring for the sick. The history of hospitals shows the necessity for this.

Mrs. Nicholls' liberality has done a great deal for Peterboro. At an expenditure of over half a million dollars, she has given several public parks, a Young Men's Christian Association building, and a Public Library building, besides the Nicholls Hospital and large gifts to churches and charities.

Editorial Notes.

ENGLAND.

Florence Nightingale.—His Majesty King Edward has bestowed on Miss Nightingale the Order of Merit, instituted by His Majesty as a reward for distinguished service.

The Position of Matrons.—The Metropolitan Asylums Board has been making some change in the status of matrons, apparently as a concession to the modern fetich that everything must have one head. The Hon. Maude Stanley and other members of the Board do not approve of the change, and neither does the Matrons' Council.

As the British Medical Journal says:—"It is to be remembered, however, that schemes which in theory are perfection, in practice often work most imperfectly, and that though nurses in theory do their work under medical men, a nursing department in practice is one in the administration of which medical men rarely take any direct part. However this may be, if the Council really makes the change indicated, the Matrons' Council is certainly able and likely to take the step which was threatened in the formal resolution passed at a meeting last Saturday, namely, to endeavor to deter nurses as a body from offering themselves to the Board for employment. In this case the nursing performed at its institutions, which should be of the highest character, will certainly suffer in efficiency."

FRANCE

A New School for Nurses.—A new and beautiful School for nurses has been opened at the Saltpetriere in Paris. In erecting this building, M. Mesureur has again shown by his acts his liberality and great interest in the nursing profession.

AUSTRALIA.

Insurance of Nurses.—At the Annual Meeting of the Royal Victorian (Australian) Trained Nurses' Association, great satisfaction was expressed at the good arrangements the Association has been able to make for its members with the Australian Alliance Assurance Co. and the Australian Mutual Provident Society for insurance against accident or sickness and for a pension in old age.

NEW ZEALAND

The Eight-hour System.—The system is on trial in New Zealand, but apparently is not universally popular.

GREAT BRITAIN.

The Light Brigade.—At the last anniversary of the Charge of the Light Brigade, the Chairman, Mr. T. H. Roberts, proposed the health of "Miss Florence Nightingale, the soldiers' friend," and read the following telegram from her, which was received with cheers: "Florence Nightingale sends heartfelt thanks and greetings to all her old friends of the Light Brigade."

IRELAND.

Belfast Tuberculosis Exhibition.—This has been a great success, and nurses have played no small part in it. Lady Hermione Blackwood has taken a special interest in the "Contrast Room," which is a sort of "Before and After" in regard to the treatment of tuberculosis. Nurses are to be stationed at the various exhibits and will help to explain them to visitors.

Hospital for Sick Children, Belfast.—This Hospital, which is the only Children's Hospital for the North of Ireland, needs funds. A bazaar has lately been held, and has realized £1,000, but £15,000 are wanted.

SCOTLAND.

The Caird Cancer Hospital.—Mr. J. K. Caird, LL.D., a Dundee manufacturer, has presented a beautiful building and research department to the Dundee Royal Infirmary. It is to be devoted to patients suffering from cancer.

UNITED STATES.

Hospital Taxes.—Chicago has made the mistake of taxing hospitals, a thing which no other city does. The Chicago hospitals are assessed at \$2,000,000.00.

Miss Nutting at Columbia.—*The American Journal of Nursing* states that this will be a Red-Letter Year for the Course in Hospital Economics at Teachers' College, Columbia University. The new Professor, Miss Nutting, and her Assistant, Miss Hedges, are now at work, and THE CANADIAN NURSE and all her readers wish our friend, Miss Nutting, and her assistant the greatest success.

Correspondence

DEAR MADAM,—Just now there is very little sickness in Winnipeg, owing, I expect, to the cool, wet summer we have had, as well as the improved sanitary arrangements; though all through the Province we have had very little of our old scourge, typhoid fever, this summer and fall.

For the last few years Winnipeg has been the objective point for nurses from all over the world, so that at the present time we have, I think, more nurses in ratio to the population than any city in the Dominion. And still they come!

Our disengaged list is very large at present. Not altogether owing to these things, but partially to the fact that good domestic help is so hard to get. Frequently, when a graduate would be engaged and save after-complications, a woman is employed who will undertake to do the housework and look after the patient at the same time.

We have a good many communications from Eastern nurses about positions in the West, but I think if they are comfortably settled it would not be wise for them to come out just now.

Winnipeg.

M. A. McKIBBON.

The Contributors' Club.

FROM A POCKET-BOOK.

We are indebted to one of our subscribers, a Canadian graduate of the Michael Reese Hospital of Chicago, for the following beautiful lines. They were found in rough form in the pocket-book of Miss Waddell, who was also a graduate of the Michael Reese, after her untimely death, and the Michael Reese Nurses' Association had the extracts printed and published in an engrossed and illuminated form. In little more than a year, from the sale of these cards, the Association was able to endow a room for nurses in the new Michael Reese Hospital. It is called the Louise Waddell Room. What a beautiful memorial!

LIFE WORTH LIVING.

To be happy, hopeful, buoyant, kind, loving from the very depths of my heart; considerate and thoughtful regarding the peculiarities and eccentricities of human nature; adjusting myself to each so as to produce harmony and not friction; to be pure in thought, word and deed; broad-minded and liberal, not given to petty denunciation of my fellows; moderate in methods of life; never adding a burden or sorrow where a little forethought would give pleasure; not hasty in speech or action; sincere, candid and truthful in every detail; conscientious in the execution of every duty; composed, unpretentious and simple, keeping close to Nature's heart and always relying upon Him I most earnestly strive to serve; keeping ever before me that exemplary Life as my rule of conduct toward men, thus creating an influence for good. This is my idea of making "Life worth Living."

LOUISE M. J. WADDELL.

Official Department.

THE CANADIAN NURSE has the honor of publishing official information from.

Queen Alexandra's Imperial Military Nursing Service.

The Canadian Permanent Army Medical Service (Nursing Branch).

The Canadian Society of Superintendents of Training Schools for Nurses.

The Association of Hospital Superintendents of Canada.

The Canadian Nurses' Association.

The Manitoba Association of Graduate Nurses.

The Graduate Nurses' Association of Ontario.

The Victorian Order of Nurses.

The Guild of St. Barnabas for Nurses.

The Collingwood G. and M. Hospital Alumnæ Association.

The Calgary Graduate Nurses' Association.

The Edmonton Graduate Nurses' Association.

The Fergus Royal Alexandra Hospital Alumnæ Association.

The Galt General Hospital Alumnæ Association.

The Guelph General Hospital Alumnæ Association.

The London Victoria Hospital Alumnæ Association.

The Kingston General Hospital Alumnæ Association.

The Montreal General Hospital Alumnæ Association.

The Montreal Royal Victoria Hospital Alumnæ Association.

The Ottawa Lady Stanley Institute Alumnæ Association.

The St. Catharines General and Marine Hospital Alumnæ Association.

The Toronto Central Registry of Nurses.

The Toronto General Hospital Alumnæ Association.

The Toronto Grace Hospital Alumnæ Association.

The Toronto Graduate Nurses' Club.

The Toronto Hospital for Sick Children Alumnæ Association.

The Toronto Riverdale Isolation Hospital Alumnæ Association.

The Toronto St. Michael's Hospital Alumnæ Association.

The Toronto Western Hospital Alumnæ Association.

The Winnipeg General Hospital Alumnæ Association.

The Vancouver Graduate Nurses' Association.

THE ALUMNÆ ASSOCIATION OF THE COLLINGWOOD GENERAL AND MARINE HOSPITAL TRAINING SCHOOL FOR NURSES.

Officers, 1907-8: President, Miss J. E. Carr; 1st Vice-President, Miss M. M. Redmond; 2nd Vice-President, Miss M. E. Knox; Secretary, Miss A. I. F. Morton; Assistant Secretary, Mrs. Isabel McBride; Treasurer, Miss J. Cottrill.

Sick Visiting Committee: Misses Dawson, Lord, and Moore.

The meetings are held on the first Thursday of the month at 3 p.m., in the Board Room of the hospital.

THE ALUMNÆ ASSOCIATION OF THE HOSPITAL FOR SICK CHILDREN TRAINING SCHOOL FOR NURSES, TORONTO.

Officers, 1906-7: Hon. President, Miss Brent; President, Miss J. Hamilton, 505 Sherbourne St.; 1st Vice-President, Miss G. Gowans; 2nd Vice-President, Miss J. Richardson; Recording Secretary, Miss Louise Cooper, York Mills P.O.; Corresponding Secretary, Miss Alice Robertson; Treasurer, Miss M. Hill, 105 Roxborough St.; Directors, Miss M. Gray, Miss C. Leman, Miss M. F. Blythe.

Conveners of Committees: Arrangement and Publication and General Business, Miss Goodall, 666 Euclid Ave.; Sick Visiting, Miss Annie McGarvey, 7 Rose Ave. Meetings are held on the second Thursday of the month at 3 p.m., in the Nurses' Residence.

TORONTO GENERAL HOSPITAL ALUMNÆ ASSOCIATION.

Officers, 1907-8: Hon. President, Miss Snively; President, Miss A. Muir, 505 Sherbourne St.; 1st Vice-President, Miss H. Fralick, 12 Selby St.; 2nd Vice-President, Miss M. Tweedie, 53 Langley Ave.; Treasurer, Miss Halbans, 12 Selby St.; Recording Secretary, Miss Mary Roberts, Grange Ave.; Corresponding Secretary, Miss Samson, 12 Selby St.; Directors: Miss Hall, Miss Burnett, Miss Crosby, 12 Selby St.

Conveners of Standing Committees: Sick Visiting, Miss Alice Stewart, General Hospital; Registration, Miss Lucy Bowerman, Sherbourne St.; Programme, Miss Ida Beam, Selby St.; Social, Miss Younger; Look-out, Miss Baldwin; Press and Publication, Miss M. E. Christie, 19 Classic Ave.; Representative of the Central Registry Board, Miss B. Crosby and Miss A. Boyd; THE CANADIAN NURSE Representative, Miss Frieze.

QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

The following ladies have received appointments as Staff Nurses: Misses A. R. Hyslop, E. S. M. Forrester, K. Lowe, K. M. Procter, H. V. B. Wolseley, A. Lee, C. R. Townend, A. E. Allen, A. E. M. Steen.

POSTINGS AND TRANSFERS.

Matrons.—Miss H. McCurdy, to M. Hp., Dover, from M. Hp., Canterbury; Miss M. Russell, R.R.C., to R. H. Hp., Woolwich, from M. Hp., Colchester; Miss L. M. Stewart, R.R.C., to M. Hp., Canterbury, from M. Hp., Gibraltar.

Sisters.—Miss J. A. Evans, to the Q. A. M. Hp., Millbank, London, from M. Hp., Gibraltar; Miss A. Barker, to C. Hp., Aldershot, from M. Hp., Chatham; Miss A. L. Walker, to M. Hp., Curragh, from C. Hp., Aldershot.

Staff Nurses.—Miss M. E. Don, to C. Hp., Aldershot, on appointment; Miss H. V. B. Wolseley, to C. Hp., Aldershot, on appointment; Miss E. K. Parker, to M. Hp., Portsmouth, from C. Hp., Aldershot.

APPOINTMENTS CONFIRMED.

Staff Nurses.—Misses E. H. Davies, I. M. Johnston, F. A. Loseby, C. Macrae, N. R. McNeil, F. J. Mitchell, B. M. Nye, M. C. Watson, E. Fraser.

C. H. KEER,

Matron-in-Chief, Q.A.I.M.N.S.

Hospital and Training School Department.

THE new General Hospital in Port Arthur will be opened at an early date in 1908. It has accommodation for thirty patients.

THE Sisters of St. Joseph are this fall opening a new hospital in Parry Sound. Sister Ligouri, recent graduate of St. Joseph's Hospital, Port Arthur, will be one of the sisters in charge.

ON November 1st graduating exercises were held in the Sarnia General Hospital. The graduates were: Miss Lottie Stevenson, Miss Alice M. Harrison, Miss Edith M. Reid, and Miss Mattie Montgomery. Beside the presentation of diplomas and the hospital pins, each graduate received a twenty-dollar gold piece. At the close of the programme refreshments were served to the friends present and a most enjoyable evening was spent by all.

FROM the 5th to 9th November the Ottawa Drill Hall was the scene of a festive gathering. A Fair was held by the Daughters of the Empire in aid of the Ottawa Anti-Tuberculosis Association. Their Excellencies were much interested and took part, extending their patronage and support. "The Streets of Paris" were represented and the booths named after various nations. Those selling in the booths wore costumes designating the country. The Fair was opened by His Excellency, by Sir Wilfrid Laurier, Sir Frederick Borden, and by the Mayor on each of the four evenings respectively. Each evening the performers marched in costume twice around the hall, making a beautiful and interesting feature of the evening. About \$15,000 was realized, and it is hoped as a result that Ottawa will shortly have a Relief Home for advanced cases of tuberculosis.

THE two new balconies erected on the south side of the Owen Sound G. and M. Hospital were completed in September. The O. S. G. and M. H. Ladies' Auxiliary contributed \$900.00. Total cost was \$1,270.00.

THE October meeting of the T. W. H. A. A. was held at the Orthopedic Hospital, when a lecture was given by Dr. MacKenzie on orthopedic work. After the address refreshments were served and a social time enjoyed. At the November meeting of the T. W. H. A. A. an address was given by Dr. Gifford Kilborn, a returned missionary from China.

THE first graduating exercises of the St. Joseph's Hospital Training School for Nurses, Port Arthur, were held Oct. 26th, in the C. M. B. A. Hall, which was decorated with the school colors, pale blue and white, also many palms, ferns, and cut flowers. At 4 o'clock the hall was filled with invited guests, among them Rev. Mother Clotilde, superioress of the community, also a number of sisters from the different houses in the two cities. The programme was opened by Mrs. Cauchon and Miss Crooks playing Liszt's Second Rhapsody. The chairman, Dr. Smellie, M.P., then addressed the graduating class, wishing them success in their noble profession, and also referring to the early history of the hospital, when it was started twenty-six years ago by a small band of the Sisters of St. Joseph. The diplomas were then presented to the graduates by Dr. Beck, who delivered a very interesting address to the nurses, reminding them to be always true to their Alma Mater, also dwelling on the advantages to nurses training in small hospitals, where they are almost constantly under the supervision of the head nurse. Very dainty gold medals were presented the graduating nurses by Dr. McGrady, who spoke in high terms of the work done by the class of sisters and nurses and of the thorough training that had been given them. Dr. Laurie gave a practical and interesting address. He congratulated the graduates on their recent very creditable examinations and on being the first class to graduate from the school; he congratulated the sisters on the success of the institution, and particularly Miss Regan, head nurse, who established the Training School here three years ago, and to whose work the success of the school is largely due. Addresses were given by Fathers Grenier, Primeau, Cache, and Rev. Mr. Walker. All had kindly words to say of the hospital, the sisters and nurses, and congratulated this, the first class to graduate from the Training School. A violin solo by Miss Hanley and singing of the National Anthem closed the programme, after which refreshments were served by members of the Hospital Ladies' Aid. Four sisters graduated and two nurses: Miss York, Port Arthur; Miss Perrault, North Bay. The nurses wore white uniforms and received many beautiful flowers from their friends.

THE "Rolland M. Boswell" Hospital is most healthfully situated, surrounded by prairie, nearly a mile from the town. It has most of the city conveniences. Just recently the telephone has been adjusted, and very soon the electric light will be in town. There are two bright public wards, windows facing south-east and doors opening on to a large verandah, upstairs and down. There are three nicely furnished private wards, all occupied, and a very nice little operating room, well equipped. The sterilizer is one of the best. The dispensary opens off from the office, but is not well arranged yet, though it is well supplied. The staff is five in number, Miss C. A. Mitchell and two assistants, a maid, and a man to attend furnace, etc. The town doctors take care of our poor patients for the privilege of having theirs admitted and taken care of, they being mostly pay patients. This hospital is a missionary hospital, and was built by the Presbyterian Church for the good of the poor, mostly Galicians. As there are about forty thousand of them settled within twenty-five miles of us, our work will be chiefly among foreigners. We find them very interesting so far.

A VERY pleasing ceremony took place at Government House, Regina, recently, when His Honor the Lieutenant-Governor presented diplomas to three young ladies, graduates from Regina Victoria Hospital into the ranks of the nursing profession. The young lady graduates were Miss Walsh, daughter of W. F. Walsh of Regina; Miss Dale, of Qu'Appelle, and Miss Caryl, of Brandon. In a brief speech His Honor extended congratulations to the young lady graduates, and referred to the Provincial character occupied by the Regina Hospital, as evidenced by the fact that two of the graduates hailed from points outside the city. His Honor handed to each of the young ladies their parchments, and Madame Forget pinned on their breasts the small gold pins of the Victorian Order. The special gold medal presented some time ago by Dr. D. Low for yearly presentation to the graduate showing the highest standard of efficiency was awarded to Miss Walsh and pinned on her breast by Mrs. Low. Following the presentations speeches were made by Miss Chalmers, matron of the hospital; Drs. Low, Thomson, Cowan, President J. M. Young, and Vice-President C. E. D. Wood of the Hospital Board; Rev. S. G. Hill, Rev. E. A. Henry, and Mayor Smith. The splendid work done by the hospital, the efficiency of the nursing staff, the bright outlook for a large, new, and thoroughly up-to-date hospital of a Provincial character, were among the subjects dwelt upon. Mayor Smith made pleasing reference to the fact that the ladies graduating that day had not only completed their studies in Regina Hospital, but had commenced them there, and were in every sense Regina Victoria Hospital nurses. The warm interest which had always been manifested by the Lieutenant-Governor and Madame

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Forget in the work of the institution from its inception to the present time was gratefully acknowledged by all. The guests at the ceremony included the members of the Women's Hospital Aid, the members of the medical profession, the members of the Hospital Board, and the Rev. Sisters of the Order of Grey Nuns; Mr. Dale, of Qu'Appelle, father of one of the graduates, was also present. After the speeches the guests adjourned to the dining-room, where refreshments were served. The large table presented a pretty picture, groaning beneath a load of dainty things to eat and magnificent flowers.—*Press Report.*

A NEW operating room will be built for the Berlin and Waterloo Hospital.

By the will of the late Mr. Alex. Buist, Collingwood General and Marine Hospital receives \$500.00, to be spent as the trustees shall deem best. The new sun wards in connection with this hospital are nearly completed, and when finished will add very much to the well-being of the patients who may occupy them.

THE General Hospital, St. John's, Nfld., has adopted a badge to be worn by its graduate nurses. It is about the size of a 20c. piece and has a red cross on a white ground surrounded by a blue band with "General Hospital, St. John's," in gold letters. At the back is the name of the nurse and the date at which she graduated.

MISS SWYERS and Miss Blackmore of the General Hospital, St. John's, Nfld., have joined the Victorian Order of Nurses, Canada. Hitherto it has been a drawback to this training school that the nurses have had to go elsewhere for their obstetrical training. For the future they will be able to attend the "lying-in" home in the city for the practical part of the work and receive their theoretical instruction at the hospital.

THE first Directors' meeting of the Toronto Graduate Nurses' Club was held at the Residence, the Sick Children's Hospital, on Thursday evening, November 21st, at 8 o'clock. The following officers were elected: President, Miss Bowerman; 1st Vice-President, Miss Matheson; 2nd Vice-President, Mrs. Roden; Corresponding Secretary, Mrs. Greer; Recording Secretary, Miss Barwick; Treasurer, Miss Argue. The following were appointed conveners of the various committees, they having the power to choose their own associates: House Committee, Miss Brent; Entertainment Committee, Miss Mary Gray; Press and Publication Committee, Mrs. Roden; Membership Committee, Miss Barwick. The Treasurer reported that the funds in the bank now amount to \$683.20. Some other business was transacted and the meeting then adjourned.

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THE new hospital at Medicine Hat, Alta., has been opened.

NEW hospitals will shortly be built at Orangeville, Ontario; Yarmouth, Nova Scotia, and Humboldt, Manitoba.

THE Canadian Hospital Association will hold its second annual meeting in the Parliament Buildings, Toronto, on Easter Monday and the following Tuesday, 1908. A reception will be given by the president of the association on Monday evening. A programme is in course of preparation.

A FIRE broke out in one of the hospital tents in connection with the Toronto Western Hospital on November 19th last. It did not, however, find the staff unprepared. Fire drills and fire signals have been for some time practised in the hospital, and were used to good effect. The patients were promptly reassured and protected. Miss Smedley, the Superintendent, estimates the loss at about \$150.00. It is stated that electric light wires caused the fire.

MISS SIMPSON, a graduate nurse of twenty years' standing, from the Toronto General Hospital, died at the pavilion of the T. G. H. last month, deeply and sincerely regretted. Great hopes were entertained of Miss Simpson's recovery from an operation which she had undergone, but it was not to be. She had spent almost all her professional life as a missionary nurse in India under the Baptist Church. Her field was at Cocanada, among the Telegus, and she and her work were highly esteemed by all who knew her.

THE annual meeting of the Alumnae Association of the Royal Victoria Hospital was held on Wednesday, October 9th, in the reception room of the Nurses' Home. After routine business a very interesting and inspiring address was given by the President, Miss Gilmour, and we are sure that the thoughts expressed will linger long in the memories of the members who were present. The election of officers was the principal business of the evening, and votes by ballot were taken, the result being the election of the following officers: Miss Gilmour, President; Miss Grant, 1st Vice-President; Miss Lewis, 2nd Vice-President; Miss Cornell, Secretary; Miss Hall, Treasurer; Miss Cooper, Corresponding Secretary. Afterwards refreshments were served in the dining-room.

ON November 12th Dr. Gordon Bell gave the second lecture of the series arranged by the Alumnae Association of the Winnipeg General Hospital. His subject was "The Modern Treatment of Tuberculosis." He outlined briefly the discoveries which finally led to the isolation of the bacillus of Koch. Passing on, he described the various advances in the treatment of the disease as

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manifested in the modern sanatorium method, emphasizing particularly the regulation of exercise, forced feeding, and cheerful environment. He expressed the opinion that eventually some form of serum would be discovered whereby the disease might be controlled, but said that in the meantime it behooved all who were associated with the care of the public health to do all in their power to combat this "white plague" that for so many centuries has slain its thousands every year. After the lecture an informal discussion was held as to the part to be taken by the nurses of the Province in the Provincial sanatorium method. It was suggested that a subscription list be opened, and also that an entertainment be given as a means of raising money for this most worthy object. No definite action was taken, but the matter is to be taken up by the Provincial Nurses' Association at their next meeting, when some definite action will probably be decided upon. The attendance at the lecture was very large; indeed the members of the Entertainment Committee have been much encouraged by the popularity the course has attained. It has already fulfilled its object in bringing the nurses of all schools together and breaking down the barriers of reserve that make concerted action difficult. The next lecture will be "Diet in Relation to Health and Disease," by Dr. Mary Crawford.

"LALLY BERNARD" describes a visit to the Lady Minto Hospital at Yorkton V.O.N., in *The Globe* of November 2nd, 1907: "A flying visit was paid to the cosy Minto Hospital, where the Victorian Order of Nurses, under an able superintendent, looks after the charges consigned to their care with admirable solicitude. This is a hospital where the wives of settlers as far as eighty miles distant from Yorkton are often found—women who come to seek the skill and care of the staff when a new Canadian citizen makes its appearance in this world. What a boon these hospitals must be to the woman of any class who needs not only medical attendance and good nursing, but the quiet and repose which a hospital ward can give, in contrast to the tiny shack with its lack of privacy and comfort of her own sex about her! The writer's last glimpse of the founder of the Victorian Order of Nurses in Canada was in her own charming residence in Grosvenor Street, London, where, as the wife of the Viceroy of Ireland, Lady Aberdeen gathered about her the distinguished circle of friends who delight in her society. Lady Minto, the founder of the Minto Hospitals, was at one of the splendid functions given in honor of the colonials present at the conference last summer—a radiant figure, adorned with shimmering satin and wearing a truly regal tiara of diamonds. To both these vice-regal queens one's thoughts flew as one stood on the steps of the Cottage Hospital at Yorkton and bade adieu to the superintendent."

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MISS BAKER has been appointed Lady Superintendent, V. O. N., Toronto.

MISS MARY J. O'NEILL, Superintendent of Guelph General Hospital, has sent in her resignation, to take effect in February, 1908.

THE St. Eugene Hospital at Cranbrook, B.C., is doing good work there. The hospital building is a large one and well fitted up. A new wing was added last summer.

Miss Edith Hardy, who has been Superintendent of the Ottawa Home for several years, has resigned her present position in order to take charge of the V. O. district work in Vancouver at the beginning of the New Year.

THE Tranquille Sanatorium, for the treatment of incipient tuberculosis, was opened on Nov. 28th at Kamloops, B.C. The Medical Superintendent is Dr. R. W. Irving. Miss Jean Mathieson (W.G.H., 1899, and formerly Lady Superintendent of the Royal Inland Hospital, Kamloops, B.C.) has been appointed Lady Superintendent, and Mrs. Clark (V.G.H.), Staff Nurse. This is a great step in advance, and the sanatorium will be a blessing to British Columbia.

A SOCIETY in Ottawa has been organized, called The Ottawa Graduate Nurses' Association. Its object is to promote unity and good-fellowship among its members and the advancement of professional interest and education. Fifty-six members were enrolled at the first meeting. The officers are: Miss Chesley, President; Mrs. Douglas, Secretary; Miss M. K. Gallaher, Treasurer. Meetings to be held the second Thursday in each month, at 3.30 o'clock, in Y. W. C. A. The annual meeting will be in April.

THERE have been some new appointments to the staff of head nurses of the Royal Victoria Hospital: Miss Edsall has taken charge of the new private wards recently opened; Miss Bryce of the gynæcological ward, and Miss Guernsey of the eye and ear ward. These are all graduates of the class of '07. Miss Baynes, who has spent the last year in England, has returned, and is in charge of the men's medical ward.

THE first graduating exercises of the Training School for Nurses connected with the General Public Hospital, St. John, N.B., were held at the hospital on the evening of November 12th, 1907, when the following nurses were presented with their diplomas by Thomas Walker, M.D., president of the hospital: Esther Blanche Rainnie, Nellie E. L. MacDonald, Bessie Jean Craib, Margaret



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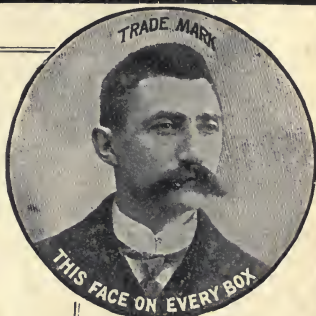
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Jamieson McDonald, Nora Gleeson Foss, Rose Ella Donahue, Nella Myrtle Wilson, Maude Pearl Gaskin. This class is the largest ever graduated from this school. Mr. Henry Hilyard, chairman of the Training School Board, gave the report of the school and briefly spoke of the improvements that have taken place since its organization in 1888. The addresses of the evening were given by the Rev. W. O. Raymond, D.D., and by Dr. J. W. Daniel, M.P.

ON Dec. 11th fourteen of the nurses of St. Michael's Hospital, Toronto, gave a dinner at the St. Charles to one of their number, Miss Fitzpatrick, of Lindsay, on the occasion of her leaving the hospital. Among those present were Misses Graves, O'Connor, Doland and Gough. The tables were decorated in the hospital colors, red and white, and a musical programme added to the enjoyment of the guests.

AT a meeting of the Executive of the Canadian Hospital Association at the Hospital for Sick Children, it was decided to hold the next meeting of the Association in Toronto in the Parliament Buildings (if the rooms can be obtained) on Easter Monday and the following Tuesday, 1908. The meeting will open at 2 o'clock on Monday; the Tuesday session will be held at 9.30 a.m. and 2 p.m. A reception will be given by the President, Miss Brent, in the new Nurses' Home of the Children's Hospital on Easter Monday evening at 8 p.m. Dr. S. S. Goldwater, Superintendent of the Mount Sinai Hospital, New York, and President of the American Hospital Association; Dr. C. K. Clarke, Superintendent of the Toronto Hospital for Insane; Del T. Sutton, Esq., editor of the *National Hospital Record*, Detroit; Dr. W. J. Dobbie, Superintendent of the Toronto Free Hospital for Consumptives, and Henry M. Hurd, Esq., Superintendent of the Johns Hopkins Hospital, Baltimore, have promised to give papers. A number of the Canadian superintendents have also been invited to contribute to the programme.

THE Board of Directors of the Toronto Graduate Nurses' Club met at the Central Registry Office on Dec. 4th. It was decided that, owing to "stringency of money market" among the nurses, it would be inadvisable at the present time to contract any further liability, such as renting or buying a club house. Further arrangements were made for the publication of a souvenir book for the club, which will describe the working of the different nurses' organizations of Toronto, as well as the special work, such as the Standen & Hunter maternity outfit, the cook book of the Alumnae of the Sick Children's Hospital, THE CANADIAN NURSE, and hourly nursing. This will also contain advertisements of the different firms patronized mostly by the nurses. An emblem was also selected, the monogram of the club encircled by a garter, with the motto "United We Succeed," and at the top a red Maltese cross. This is

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to be made into a gold pin to sell at about \$2.00. At the next meeting arrangements are to be perfected for a reception to be given by the club to all the nurses of Toronto, early in the new year. It is expected that with the money already on hand and by the success of the winter's campaign, the club will be in a good position to go on next autumn with its plans.

Personals.

MISS FYFE of the V. O. Hospital, Swan River, is visiting at her home in Kincardine, Ontario.

MISS EMILY CRUISE, class '05, G. and M. Hospital, Owen Sound, is spending a few weeks in Toronto.

MISS EMMA ELLIOTT is going to Muskoka for a time to fully recuperate after her attack of typhoid fever.

MISS M. GUNNE (Dauphin G. H., '07) left in December for Victoria, where she expects to do private nursing.

MISS YORK and Miss Perrault, graduates of St. Joseph's Hospital, Port Arthur, will do private nursing in the city.

MISS MCKINLAY, formerly of Kootenay General Hospital, Nelson, B.C., is now doing private nursing in Vancouver, B.C.

MISS BEATTY, late night superintendent of the Royal Victoria Hospital, has gone to New York to take up private work.

MISS ANNIE WALSH, a graduate of Kingston General Hospital, has returned from a visit of eight months to Great Britain.

THE many friends of Mrs. Fortner (nee Miss Speers of T. W. H.) will be glad to hear of her recovery from her recent illness.

MISS McMILLAN and Miss Fisher, graduates of the Royal Victoria Hospital, are engaged in private nursing in Seattle, Washington.

MRS. B. G. HAMILTON (nee Crawford, graduate T. G. H.) has just been elected a member of the Women's Hospital Aid Association in Calgary.

WILL all graduates of the Hospital for Sick Children, Toronto, kindly notify Miss Goodall, 666 Euclid avenue, Toronto, of any change in their addresses.

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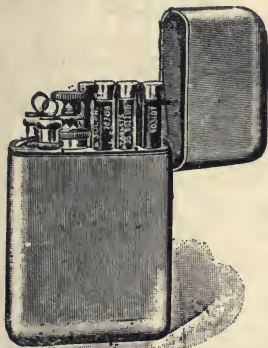
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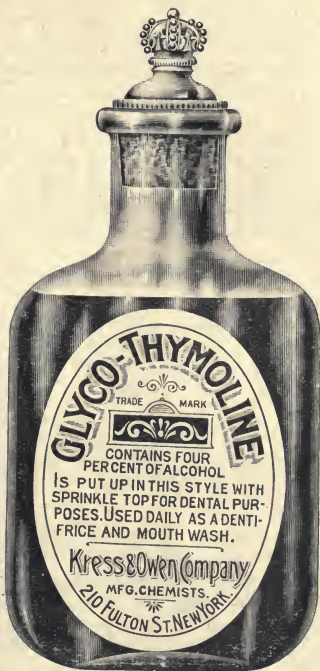
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MISS HART, graduate of the Royal Victoria Hospital, who was engaged in hospital-work in Valore, India, has returned and is now at her home in Sackville, N.S.

MISS MACINTOSH, graduate of the Royal Victoria Hospital, who has been in charge of the Outdoor Department for some time past, has gone to New York and is engaged in private nursing.

MISS BRENT, Superintendent Sick Children's Hospital, Toronto, spent a few days in Ottawa, the guest of Miss Meiklejohn. Afternoon tea was held at the Lady Stanley Institute, to which the graduate nurses in Ottawa were invited to meet Miss Brent.

MISS ANNIE BROWN (Dauphin G. H., '07) has accepted a position as head nurse on female medical wards in the Hockley Hospital, Muskegon, Mich., U.S. She commenced her duties on Nov. 20th.

MISS JONES, graduate of the Royal Victoria Hospital, has resigned her position as Superintendent of the General Hospital, Columbus, Ohio, and returned to the Presbyterian Hospital, Chicago.

MISS RANDALL, graduate of the Royal Victoria Hospital, who has been Superintendent of the General Hospital, Rutland, Vt., for the past two years, has gone to take up private nursing in Los Angeles, Cal.

MISS SEXTON, a graduate of the Royal Victoria Hospital, who has been engaged in private nursing in New York for some time, has returned to Montreal and taken up the work of the Victorian Order of Nurses there.

MISS GREEN and Miss Rodd, graduates of the Royal Victoria Hospital, are in British Columbia, the former superintendent of the hospital in Golden, the latter assistant superintendent of the General Hospital, Vancouver.

MISS TILLIE O'DONOHUE, graduate of the Royal Victoria Hospital, was married last September in Ottawa to Dr. Sutherland, of Revelstoke, B.C. The best wishes of their many friends in the R. V. H. go with them to their distant home.

A VERY pretty wedding took place on Wednesday evening, November 20th, at the residence of Mr. and Mrs. Wright, Westmount, when Miss Annie Crocker, a graduate of the Royal Victoria Hospital, class '04, was married to Dr. Lauchland of Dundas, Ont. Dr. and Mrs. Lauchland carry with them the best wishes of their many friends in the Royal Victoria Hospital.

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DR. AND MRS. BRUCE HILL have removed from Swan River to 75 Sherbrooke Street, Winnipeg, where Dr. Hill intends practicing. (Mrs. Hill was Miss A. Brown, graduate of the W. G. H.)

A PLEASANT time was spent at the Nurses' Home of the G. and M. Hospital, St. Catharines, on the evening of November 20th, when the pupil nurses and a number of the graduates gathered together to give one of their number, Miss Minnie Draper, a shower of kitchen utensils. A most enjoyable time was spent.

MISS BETHEL STAPLES, graduate of the Owen Sound General and Marine Hospital, class '05, who had been engaged at private nursing in this city, on the 10th of November was called to her home in Ingersoll to attend her mother, who had met with an accident. Miss Staples' many friends hope the injury is not of a serious nature, and that she may soon be able to return to Owen Sound.

ON the evening of Dec. 11th a very pleasant farewell reception was tendered to Miss Smedley, who has resigned the position of Superintendent of the Western Hospital of Toronto on account of her approaching marriage, by the Ladies' Board of the Hospital. A good musical programme was rendered, the Hon. Thomas Crawford being in the chair, and at the conclusion Dr. A. Stowe-Gullen presented Miss Smedley, on behalf of the Ladies' Board, with a cabinet of solid silver, and Dr. John Ferguson, on behalf of the Board of Governors, presented her with a solid silver tea service with Doulton cups and saucers.

THE wedding of Miss Gertrude N. Wilshire, of Sydney, Australia, to Mr. C. Channing Buckland of Auckland, New Zealand, was celebrated at Christ Church, Vancouver, by the Rev. C. C. Owen. The bride entered the church on the arm of her brother, Mr. Clive Wilshire, and was attended by Miss Evoryna Babington. The bride looked strikingly handsome in a white cloth travelling suit with French felt toque trimmed with ostrich plumes, and her mother's bridal wreath forming a bandeau. She carried a shower bouquet of white roses and wore a gold watch and chain, both gifts of the bridegroom. Miss Babington was attired in a white Panama suit, with pink points, and wore a white felt hat trimmed with pink roses and pink. She carried a bouquet of pink roses and wore a pearl and amethyst brooch, gifts of the bridegroom. Mr. W. S. Morrin ably carried out the duties of best man. The bride and bridegroom left by the mid-day boat for Vancouver Island en route to Skagway.



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MARRIAGES.

WHITE—TRITES.—Wednesday, October 30th, 1907, at the residence of Mr. Ernest Nobles, Edmonton, Alta., Louise Trites (graduate of the Protestant Hospital, Ottawa, Class 1899), to Mr. Chas. T. White. At Home after June 1st, 1908, Sussex, New Brunswick.

DEATHS.

JAMES.—At Dauphin General Hospital, Dauphin, Manitoba, on Nov. 1st, 1907, Miss Ada James, of Dunnville, Ont., in her 22nd year. Miss James was in her first year in training in the same hospital.

The Nurse's Library.

Fragments That Remain. M. D. BABCOCK. New York, Chicago, London, Edinburgh, Toronto: The Fleming Revell Co.

When the nurse needs a book with a true spiritual message, to read herself, or to read aloud to her convalescent, sometimes, too, to read to those for whom there is no convalescence more in this world, she will be glad to know that some sermons and addresses of Dr. Maltbie Davenport Babcock were preserved by one of his hearers, Jessie B. Goetschius, in her notes, and have now been published. These pages are precious—the words of one who had found the Way, the Truth and the Life, and was able to show it to others.

The Gospel Message. By THE REV. CANON NEWBOLT. London: Longmans, Green & Co.

Eleven sermons preached in St. Paul's Cathedral are here republished by Canon Newbolt, who is one of the best of modern preachers. They make a pleasing little book, light and easy for the hand of a sick person to hold, or very suitable for a nurse to read in the sick-room, as we are often requested to do.

The Operating Room and the Patient. R. S. FOWLER, M.D. Philadelphia: W. B. Saunders Co. Toronto: J. A. Carveth Co. \$2.00.

This is the second edition of a book which has been well received by the profession. It has been thoroughly revised and chapters have been added on "After-treatment and Wound Complications." This is a book which should be in every training school library, and nurses will find it most satisfactory for reference and help in difficulties connected with surgical and operative work.

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The Nurse's Calendar

The Alumnae Association of
the Toronto General Hospital
Training School has issued a
Calendar for 1908
consisting of daily quotations
from various authors. The ob-
ject is to establish an emergency
fund for sick nurses. The Cal-
endar is gotten up in an attrac-
tive form in the school colors and
will be **for sale early
in December** at any of
the Nurse's Homes.

Price 50 Cents

Labour and Childhood. MARGARET McMILLAN. London: Swan, Sonnenschein & Co., Ltd.

School nurses and those looking forward to such work, as well as all those interested in children and in social questions will be filled with joy when they get hold of this book. One cannot help reading it. The author, a distinguished Englishwoman, and a worker as well as a writer, has brought her knowledge and enthusiasm to bear upon her readers in such a way as to render all she says not only interesting, but fascinating.

The Case for Women's Suffrage. London: T. Fisher Unwin. 2s. 6d.

Sixteen of the chief advocates of this movement, including Mrs. Fawcett, Miss Pankhurst, Miss Margaret McMillan, Eva Gore-Booth, Keir Hardie, M.P., and Israel Zangwill, have contributed as many articles which form the present volume. The question of women's suffrage is becoming a very serious one in Great Britain. It must be faced; it cannot be long delayed. We should inform ourselves thoroughly about it, and there is no better way to do so than to read this book.

Sex Equality. EMMET DENSMORE, M.D. New York and London: Funk & Wagnalls Co. \$1.50.

Dr. Densmore has courageously expressed his views on a very difficult subject, but a vital one—and one with which modern civilization is now busily engaged. He follows the views of Spencer and Darwin and holds that many of the present differences between men and women are the result of environment. One of the most interesting chapters is that on "The Future of Woman," where the author says: "The truth is that the contributions of man and woman are of equal value because equally indispensable."

THERE is a Resting Room and a Retiring Room in connection with the Women's Banking Office, at the Crown Bank of Canada, 34 King Street West, Toronto. A hearty invitation is extended to members of the nurses' profession all over Canada to make use of these rooms, both for themselves and for their friends or patients who may be passing through the city.

TO GET STRONG.—This is the season when "Grippe" finds victims everywhere. By the ocean, lakes, or inland, and even on the hills. It is such an erratic disease, and attacks patients at different times in different ways. There is the influenza type; the

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congested brain and nervous symptoms make a serious complication in some cases; the pneumonia, rheumatic and intestinal varieties are also frequent, and each case requires individual treatment. The taking of powerful drugs, or amounts of alcoholic stimulants should be strictly avoided. Quietness, warmth, warm baths and some liquid nourishment, also plenty of water to drink, are safe directions to follow. Stay in bed until the acute symptoms subside and the temperature is normal. During the attack, and especially the convalescing period, there is no remedy or food which will so quickly repair the ravages of the disease, make new blood, give force and strength to the patient as Scott's Emulsion and soda combined are the very food and tissue elements the sion of Cod Liver Oil. The pure oil and the hypophosphites of Grippe patient needs. In winter, fat foods are more essential than in summer, and the tendency to catarrhal conditions, while the nourishing of the body goes on, will be quite overcome by daily taking Scott's Emulsion.—*Dr. Maude Kent in American House-keeper.*

THE attention of the profession is called to the ever increasing demand for well trained nurses in the scientific application of the Swedish system of massage, medical gymnastics, electro- and hydro-therapy. Almost all the hospitals under construction and all the sanitariums have now mechanical departments included in their equipment, and necessarily need competent nurses in charge of the same, not merely as operators but also as instructors. This opens a wide and remunerative field for the progressive nurse. Almost two hundred of our graduates have been engaged in the last few years by hospitals and sanitariums for such positions, and at the present time we have a greater demand for such operators than we can supply. Nurses who are willing to engage in this line of work, either to obtain institutional positions or to attend to private practice, are advised to write for the illustrated prospectus of the Pennsylvania Orthopedic Institute and School of Mechano-Therapy, Inc., 1711 Green Street, Philadelphia, containing the necessary information about our winter classes opening on January 21st, 1908. An early application for admission is advisable.

The Canadian Nurse

A MONTHLY JOURNAL FOR THE NURSING PROFESSION IN CANADA

VOL. IV.

TORONTO, FEBRUARY, 1908.

No. 2

AN ADDRESS.*

PRESIDENT AND LADIES:—

This is the second time that you have done me the honor of asking me to speak to you. For, as some of you may remember, four years ago I made my official introduction to your Association. Since that time I have come to know you better, to know many more of you personally, I have become familiar with your Association, its doings and its difficulties, and so have come more thoroughly to appreciate it. I am glad to know that it not only exists, but continues to flourish. Already it has justified its existence.

I feel that your Association accomplishes much good for the nursing profession in this city. It binds together and unifies the graduates of our different Nursing Schools. With it and its work I shall always have great sympathy. Let me thank you again, as I did four years ago, for the honor and the pleasure of again meeting you.

You all remember the late Dr. Craik, and how good a friend he was in the early days of our Montreal Training Schools. His various addresses—and, as you remember, he was an excellent speaker—have lately been bound together, and, in book form, distributed to the profession by his sister-in-law, Miss Simmers. I have been reading lately some of these addresses, and among them are the following: "Address at the Formal Inauguration of the General Hospital Training School for Nurses," December 11th, 1890—only seventeen years ago; "Address at the First Graduation of Nurses, the Royal Victoria Hospital," April 28th, 1896—only eleven years ago; "Address at the Meeting of the Victorian Order of Nurses, Montreal," April 21st, 1897—only ten years ago.

I have read these addresses, and excellent they are—wise, encouraging and sympathetic.

And so our oldest Training School in Montreal, indeed I may say in Canada, is only seventeen years old. It impresses me very much to see all that has been accomplished in those seventeen years. The nursing profession is only a mere youth—a mere stripling;

*Delivered at the December meeting of the Canadian Nurses' Association in Montreal.

and yet it has had a very busy childhood—a precocious individual from the first, it already has accomplished much. Only a youth, it has all the years, the long, useful years of a middle life to look forward to. May it never grow old!

Your own Association is, I understand, twelve years old, and Miss Rogers was your first President. In those twelve years your Association has come to be the official head of the Nursing profession in this city. As I understand it, any nurse of good standing, a graduate of any recognized Training School, may become a member. In this way, in the broadest and, therefore, the truest sense, you are representative and cosmopolitan. Nothing is ever gained by an Association or a Training School being narrow, parochial or exclusive. Such a community soon becomes in enterprise, old-fashioned, obsolete; its methods become stereotyped, it gets into a rut. No, take in all worthy representatives of all Training Schools, imbibe with them fresh ideas, and so incorporate with yourselves new vigor and new life. May your Association continue to flourish!

May I remind you that in my last paper read before your Association four years ago I took up and discussed the following subjects:

1. Abdominal Section—the preparatory and after treatment.
2. The administration and uses of the vaginal douche.
3. The Weir-Mitchell treatment of chronic neurasthenia.

There have been, as you are aware, Nurses, no very great changes in the nursing care of our patients during these four years. "The new perishes, the old endures," is here also true. The treatment to-day is much the same as it was then. A few details have changed, some new measures have been introduced, and it is of these that I wish first to speak.

First, then, Abdominal Section. In the preparatory treatment there is practically nothing new. We prepare the skin in much the same way as before. But in the after-treatment of abdominal cases there have emerged during the last few years—gradually emerged—two main points of difference. In other words, in two directions we are departing from the old, classic treatment of our abdominal cases. These two points are: (a) a shortening of the time in which the patient is kept in bed after abdominal section; (b) the passing of the old so-called nutrient enema.

(a) The time in which a patient is kept in bed. You remember that after an ordinary abdominal section, where the wound has healed by first intention, it has always been customary to keep the patient lying in bed for 21 days. The main idea was always to ensure a firm union of the abdominal incision. This was considered essential in the days when a single set of through-and-through sutures were employed. With the almost universal employment of the stage suture—by that I mean the use of buried layer sutures, one layer closing the peritoneum and one layer the deep fascia, it has come to be generally known and believed that a wound thus

closed, and which heals by first intention, is practically as strong as ever in eight or ten days after the operation. In other words, this means that the moment the great tenderness in and about the wound subsides, and as soon as all danger of wound infection is past, as far as the wound itself is concerned, the patient may be at once allowed out of bed. This means she gets up on the eighth or tenth day, and is walking about a few days later. The leaders in this movement of shortening the quiescent stage in this after-treatment are Boldt, of New York, and Ries, of Chicago. In many cases they allow their patients to sit up in a chair on the third or fourth day after the operation. They claim that by so doing the following advantages are secured for the patient: There is less nausea and vomiting, less abdominal distension and easier action of the bowels; there is less liability to bronchial, pulmonary and circulatory troubles; there is better assimilation of food and less weakening of the general condition. Between them they cite about a thousand cases with no untoward result. The general feeling among surgeons, however, is that two or three days is too short a time, and that the wiser course is to keep patients in bed for some ten or twelve days. With this opinion I concur. I think the wise position in the matter is this: Suture the abdominal wall carefully, layer by layer; for the skin use a subcutaneous, continuous suture of catgut—in this way there are no skin sutures whatever to drag upon the dressing and afterward to be removed. (In former days I used to find often that the one thing the patients dreaded most was the removal of the suture stitches. With the adoption of the subcutaneous suture the stitch has never to be touched.) Allow the patient up on the tenth or twelfth day if her convalescence has been smooth and uncomplicated.

(b) The passing of the enema. In the ordinary after-treatment of abdominal sections I no longer use the nutrient enema. The normal salt solution (a teaspoonful of salt to a pint of water) has, in my practice, entirely taken its place. It has become with me almost a routine to give ten or twelve ounces—half a pint—of this salt solution with half an ounce of brandy as an enema to be retained, every six or eight hours for the first few days of the convalescence. While this is not done in every case, wherever there is much post-anæsthetic nausea and vomiting, great thirst and abdominal distension, heart weakness or collapse, these saline enemata are invariably given. They are absorbed quickly from the bowel and the results are excellent. For the first few days it is fluid that the patient wants and not food. With the old nutrient enemata we attempted to give food. In long wasting diseases, of course, these nutrient enemata have a distinct place and use; but in the relieving of thirst and of shock, in restoring the circulation to its equilibrium, the saline enemata are in every way more advantageous. In addition, this saline enema affords an easy way of giving a sedative or hypnotic where it is undesirable to use morphia. Thirty grains of

bromide of ammonia added to the enema that is given at night will often ensure for the patient a great amelioration of her nervousness and discomfort.

In the use of the vaginal douche there is nothing new to add. I would only again remind you of two things—of the two objects for which vaginal douches are commonly employed. First is the cleansing douche, where the aim is merely to cleanse the vagina; here a hot douche should never be used, but only a warm one, preferably at 100 F. Second, the douche employed to allay inflammation or to reduce inflammatory deposit. Here the douche solution must always be hot, 115 F. to 120 F., for heat is the great consideration. The hips should always be raised higher than the shoulders in order that the vaginal walls may be distended by the fluid. The object is to apply a hot liquid poultice to the nearest neighborhood of the inflamed organs, usually the ovaries and tubes.

The only change that I have noticed in the employment of the vaginal douche has been the introduction of some new medication. Of all these glyco-thymoline is the one perhaps which has the greatest vogue. It is useful in catarrhal conditions, one tablespoonful to the half-pint; but while it is elegant, it is also not cheap. So much for the vaginal douche.

The Weir-Mitchell treatment, with the use of electricity and massage, has steadily gained in favor. It has come to be very generally employed in all cases, not only of neurasthenia and of nervous prostration, but wherever the general nutrition of the patient is, for any reason, below par. The whole object of the treatment is, of course, to increase, to improve, the patient's general nutrition. Massage and electricity mean in one word exercise—passive exercise. And exercise, as you know, means a better circulation, a relief of visceral congestion, and a quickening and stimulation of the general functions within the body. So, massage and electricity mean exercise. There is, I take it, no hidden or occult virtue whatever in electricity; and of the two massage, to my mind, is much the more potent agent in relieving these conditions of depressed vitality. This treatment is, after all, Nurses, much more scientific than the mere exhibition of drugs. I think we can truthfully say that drugs of all kinds are coming to be less and less employed, and that the trend of medical thought is distinctly away from drug administration. Rather do we trust to rest of body and mind, hygienic surroundings, judicious feeding and passive exercise, which is, after all, but other terms to express the one word "nursing." We are coming then to depend more and more upon the nurse. This, I suppose, will be good news to you. You all remember Mark Twain's remark upon Nursing. He was speaking of Christian Science, and he found occasion to say the following: "If the Christian Scientists had only a little more Science and the doctors had only a little more Christianity it wouldn't matter to the patient which one he employed, provided he had a good nurse."

So much then, Nurses, for a very hasty review of the changes that have taken place during the last four years in the three subjects above enumerated. As you see, the changes are few and comparatively non-essential. The treatment is to-day practically what it was four years ago, and again is justified the old saying of Ribot's, "The new perishes, the old endures."

What I wish specially to mention to you to-night is the question of uterine cancer, making special reference to the matter of its early, its timely, recognition. During the last two years, throughout the whole civilized world there has been a movement afoot to educate the doctors, nurses, midwives, and even the laity itself, in the early recognition of this dread disease. For dread disease it certainly is when we read that in England and Wales alone four thousand women die of cancer of the uterus each year. And that of all cases of cancer, only 5 per cent., *i.e.*, five out of every hundred, seek medical aid in time. To put it again in another way, of every hundred women who have uterine cancer, 95 of them do not ask for help until all possibility of rendering to them permanent help has gone by. In America, Simpson makes the statement that out of every 28 women who pass the age of thirty one will be the victim of uterine cancer. It almost seems from these statistics as if cancer were on the increase. It is quite possible that it is so, and all the more need then that we be on our guard against it. For, dread as is the name cancer, and fatal as the disease invariably is, yet at the same time, if recognized at an early stage, it is curable. It is at first, as you know, only a localized lesion, often a small ulcer, appearing usually at the mouth of the womb. And if only at this time it be recognized by the patient's physician or nurse the life of that woman can be saved. And this brings me to the question of the early symptoms of cancer of the uterus. How are we to recognize the condition? By what signs does it first make itself evident? It is these signs that I wish to impress upon you, for it is in your hands often that the responsibility rests. The woman confides in you more readily oftentimes, and naturally so, than in her physician; and if you are on your guard, and familiar with the early danger signals of this disease, you may in the truest sense be your brother's keeper. First, let me make a general statement, which I wish you always to keep in mind, and it is this: Any woman who has passed the change of life—by that I mean where her normal menstruation has for some months or years ceased, and who informs you that the menstruation has returned (she often laughingly, or almost boastfully, informs you of this fact, claiming that she has renewed her youth, that she is becoming young again)—I say, anyone who informs you of a blood-loss from the vagina after a period of amenorrhœa, at the time of the menopause, treat it as a very serious matter. Question her closely, and if a recurrence of hæmorrhage should take place, simply insist that she seek the advice of her physician. By doing this only will you be doing your

duty. By doing this you will save lives. It is still, unfortunately, the common history of many of the cases of uterine cancer that we see that for six months, a year, or even longer, the woman, after reaching the change of life, has been having discharges of blood from the vagina. She has told no one usually. She may have told her nurse, and, alas! even her physician. Little has been made of the matter, no examination has been carried out, some drug or other given, and the patient lulled into a false security, while the days, the weeks, and months go by, and the opportunity of help diminishes, and finally escapes entirely.

I wish then, Nurses, to draw your attention to the three chief signs of early uterine cancer. I am speaking now of women who are at or past the climacteric. For it is at that time that cancer is most likely to manifest itself. The most suspicious sign is, as I have intimated, hæmorrhage—irregular hæmorrhage, often small in amount, often bright red and occurring irregularly. Let this sign make you always very suspicious. Let this sign make you always insist that a careful vaginal examination be made by the woman's physician.

The next most important early sign is a leucorrhœa. By that I mean any discharge other than blood. Frequently it is thin, watery, meat-watery, as it is called, being slightly blood-stained. Sometimes it is brownish, and sometimes yellow. Any persistence of such discharges in a woman, especially after the menopause, should make you again suspicious of the presence of early cancer.

The third sign, and the least important, is pain. Unfortunately, when the woman begins to complain of pain the condition is usually past surgical help. There are, sadly enough, some cases where cancer of the uterus gives rise to neither hæmorrhage nor leucorrhœa, where its presence gives no sign till, by its invasion of the surrounding tissue, it occasions pain by nerve pressure; and by this time, so wide has been its spread, complete removal is impossible.

So I do not ask you to rely at all upon the symptom of pain. Do not wait for it. Hold in your minds the two signs that I have spoken of: hæmorrhages, irregular hæmorrhages, and persistent leucorrhœal discharges. Whenever in your practice you meet women who speak to you of these things, treat the condition as being possibly very serious, and insist that they seek medical advice. In this way, Nurses, you will be missionaries in the best and truest sense. As you are aware, it is the woman who has had a number of children who is the most likely to suffer from uterine cancer; and it is just this woman, this mother, whose life is of all lives in the community the most valuable; and it is this life that you may be instrumental in saving.

This, Nurses, is my chief message to you this evening. As I have told you, it is the message that during the last year has been prominent in both Europe and America. In some countries pamphlets have been written wherein these early symptoms of uterine

cancer are enunciated and emphasized, and these pamphlets have been distributed to every adult woman in the country. In Canada no new measures have been taken beyond the fact that the teachers in our universities and in our hospitals have redoubled their emphasis of the condition. More forcibly than ever have they driven in upon the students the necessity of being always suspicious of such signs as these. And this is my excuse for presenting the subject to you, for asking your help, your co-operation in the matter. The chief satisfaction, after all, to the doctor or to the nurse is to save life, that is, should always be, his or her chief remuneration. In no disease of which I am aware is there a greater chance for the nurse to save lives.

In conclusion, I shall speak to you a little of yourselves as nurses, and in so doing I shall quote largely from the pages of what I wrote four years ago. So much of it will seem very old to you, and yet in my opinion it is, if only for that reason, doubly true.

In the first place, I wish to congratulate you on the progress that your profession, the nursing profession, is making, not only in this city, but in all this Canada of ours. Not only is it growing in usefulness, but is also coming year by year to gain the esteem, the respect, and even the affection, of the great lay community—the world in which we live. I speak only of what I have seen. And the seven years I have spent in Montreal have shown me in a wonderful way this progress. The average household no longer shudders and draws back at the mention of the words “trained nurse.” And yet only some few years ago that was the experience that I often met. Now, on the other hand, the trained nurse is the first one to appeal to at the onset of trouble or of sickness. The anxious mother turns to the doctor with the words, “I’ll send for Nurse So-and-so. I know her. She is one of the right sort—a great friend of mine. I have every confidence in her.” Not infrequently she goes a step further and adds, “I have more faith in her than in all the medical profession put together.” Not a very flattering statement to the family practitioner, but one, nevertheless, that is true. I say again that this progress of yours in the community has been most marked, most auspicious; and this progress you owe largely to yourselves. It is the influence of each separate one of you that makes the aggregate influence; and this same influence will grow, be further extended, only by individual effort. It is yourselves as individuals that chiefly make for the general good of your profession. And so it is to yourselves as individuals, to the education and the development of your personal lives, each one for herself, that further advance, a higher life and usefulness will be due. I mean this in a very general sense. I mean that each individual nurse shall educate herself, not only as a nurse, but as a useful citizen in the community in which she lives. She shall know many things beside nursing and be interested in them; and she shall take good care that the severe training and the hard work entailed by her profession shall not kill within her the ordinary interests and sympathies of every-

day life. So shall she be not only a good nurse, but an interesting and a helpful companion. Knowing life, as she must, from its height to its depth, and much of it, as you know, is depth, she shall be wise, and so shall become the giver of much wisdom. It is along these lines that the nursing profession shall advance. And, therefore, I say to you—take care of your own lives. Make them broad, interesting, charitable and sympathetic.

This is a great vineyard, this world of ours, in which we, the nurses and doctors, work. Our profession is a great profession, the greatest, I verily believe—great as humanity itself. For not only do we stand at the threshold of this great life of ours to welcome the new-born over its border, but we serve also at the dark nether gateway of death. Within our arms, dependent upon our strength, mankind enters this world and also leaves it. Ours is the care at the beginning and at the end. And, moreover, with all the ills that flesh is heir to, the suffering of the three score years and ten, with all the sickness and discouragement, the failing health, the broken spirit, for these all are as the sparks fly upward, with all these we have to deal, with all these our lives are lived. And sooner or later all men come to us, the strong and the weak, the rich and the poor, and very often it is the poor, the famous and the forgotten: for have not all our fathers eaten of sour grapes?

So this, our profession, is a great one—an exacting one. And we do well often to remember this and to stop for a time or two to rest and think, in order that we be not submerged in the exacting routine of our daily lives. And you all know that routine—the tiring round of duties, petty often and commonplace, with the patient ungrateful, domineering or querulous; with the perpetual ministrations, many of them disagreeable; with the continual worry and responsibility; and the broken sleep, and the tired back, and the tired feet, the tired head and the tired heart. These often make up the picture of our daily lives, and this is why we ought to capture an hour or two for ourselves from time to time—an hour or two of quiet and of absolute change, of complete rest wherein to let the worry and turmoil of our life slacken and die down, the dust of it all settle, so that we can forget it, can reach out beyond it, and see more clearly the wider horizon of our profession; can realize more nearly its higher ideals, its promise and its possibilities. And during this hour we get renewed from music, from books, or whatever we like best. Peradventure it is only sunshine upon the grass or the play of the wind among the trees that brings the solace to the tired soul. But some of these things it must be in order that we become renewed—renewed even as the eagle. So do we become encouraged, refreshed and inspired with the higher meaning of all the service that we do. So do we come to feel its higher recompense, which is to know that in this life of ours we are in a true and noble sense our brother's keeper. For we are, or ought to be, healers—

W. W. CHIPMAN.

Montreal.

[The Training School of Toronto General Hospital is probably the oldest in Canada. Founded 1881.]

THE NURSE—I.

Having had three years' training in an up-to-date hospital, where not only the clinical branches and practical duties are taught, but instruction is also given in household economics, dietetics, cooking, anatomy, physiology, hygiene, massage and pharmacology, and having passed successfully the examinations, a woman of ordinary ability, possessing tact, good judgment, ready wit, and self-control, is well equipped for her work.

It requires a very competent nurse to do private duty successfully, and there is no limit to the good that such a woman can do. She must be kind, charitable and firm, with a large stock of patience. Patience combined with a fine tact and skill will enable her to do for the patients what is best, even against their will, knowing and understanding how to manage the most irritable, and often unreasonable.

In that admirable book of Isabel Hampton Robb's, "Nursing Ethics," she utters words which may with equal force be applied to all: "Few realize how much their own personality, their own manner, is to figure in the making or marring of their work. Voice, manner, touch, step—all these tend to success or failure. A well-modulated voice is a power in itself to soothe, comfort or command. The touch should impart a sense of skill, gentleness, sympathy and carefulness."

The nurse must be watchful and orderly, moderate in speech, both in kind and in quantity.

For a nurse to keep her own counsel is one of the first laws of the profession.

Gossip may be forgiven in anyone except a nurse. Secrets discovered in the sick room are as sacred as the confessional.

It should never be said of a nurse that she fails to give satisfaction in her social manners—in other words, that she is ill-bred.

Whilst she cannot dictate the manner of other people towards herself, she can control her own bearing towards them.

The necessity of nursing integrity must be emphasized.

The ability of the private nurse in carrying out the physician's orders, her keenness of observation, her accuracy in repeating facts of the case, all tend to increase the value of her services.

When she enters a home she must not only look after the sick as a nurse, but she is also responsible for their hygienic care, especially if it is an infectious case. She must instruct the family and members of the home, so that other members of the family may not through ignorance contract the disease. She must teach home sanitation, hygiene, the personal laws of health, the true meaning of cleanliness, and the prevention of disease. This will help to bring better homes and better conditions of life.

The modern woman knows very little about the care of the child

in health or disease, and often is quite resigned to assign her duties to the nursemaid. Let it be the mission of the nurse to enlighten her as to her child's welfare, morally and physically. And here is the opportunity to do some preventive work, some constructive work.

If the nurse is to keep pace with the improvements in nursing she must form habits of study and continue to educate herself, thus avoiding any retrogression in her work. She should take the journals of her profession, and not only read, but contribute to, them.

The nurse should identify herself with the Alumnae Association of her training school, which association should include in its membership all graduates now living, who should delight in doing what is in their power for the welfare and advancement of their alma mater.

Let the nurse doing private duty be ambitious to excel in loyalty to the old hospital and training school.

There is no higher form of service in the profession of nursing than that of the private nurse. To her is committed the personal care of the sick; her presence makes for their comfort in the home of the poor or the palace of the rich. Her effort is to assist both and lighten their burdens.

The profession of nursing should not be looked upon as a trade to be pursued solely with a view to getting a living—a most deplorable feature of this commercial day—but as a privilege and an opportunity to minister to the suffering and to help every philanthropic enterprise. As the nurse grows older in the work she will realize that the mere care of the patient is the least part of the work compared with what she can do and ought to do towards making conditions that cause pain and sickness and all manner of suffering less possible. She must not rest satisfied with mere treatment, but direct her best energy towards prevention.

G. A. HODGSON.

THE NURSE—II.

In the days of our forefathers, the ground was plowed with a wooden plow drawn by a team of oxen, the grain was cut with a reaping hook, threshed with a flail, and ground by hand by pounding it with a stone, the women came in and prepared the repast from this coarse flour. But we do things differently. So it is in our life in many respects. Our method of communication by wireless telegraphy or by telephone, our means of locomotion by automobile, fast express train or Lusitania vary somewhat from the stage coach for passengers and mail and the old sailing vessel.

Knowledge is now bound up in books and scattered throughout the world in 50 languages in a short space of time. Formerly the scroll was read before a fire of pine knots or hardwood logs.

Not the least great change is that which has taken place in the care of our sick. Formerly the sick one was cared for by the mother, sister or wife, and in proportion as the true mother spirit was large so the nursing was good. None but a mother could go sleepless for nights in succession, none but a mother could undertake the disagreeable tasks, none but a mother could overlook all the crying of the child, or the moaning or complaining of the adult.

The caring for the sick now demands large and small hospitals, well equipped and manned by physicians, nurses, business men, attendants (male and female), laundresses, engineers, carpenters, painters, gardeners and elevator boys. The patient in the home requires a trained nurse or two, and many attentions not formerly thought necessary, and thus the demand of civilization is heard for trained nurses, and is the mother superseded? Nay, verily. The world, changing though the same, finds the mother spirit as necessary to-day as before. The world is no different, people are no different, and we require the same qualities in the case of our sick as were necessary in the days of our forefathers.

She can only be a nurse when she is a woman. What is a woman? "Motherhood" is the touchstone which reveals the highest in woman's character. In it she finds her ultimate expression. Ideal motherhood means untiring love, that love that believeth all things, hopeth all things, and seeketh not its own. It means self-sacrifice, trust, and an infinite patience. The capacity for motherhood is the gauge of a woman's perfection. By this stern test many a childless woman might prove to be more truly a mother than she who, not realizing her own high destiny, is a mother in the physical sense only.

From the most remote ages men have recognized the divinity of motherhood. We have evolved no higher ideal. The angels are themselves less tender and wise than God and mothers.

A nurse possesses or is possessed by gentleness, brightness, sweetness, charity, tact, kindness, sympathy, optimism, high-mindedness, earnestness, truthfulness, domesticity, hospitality, and common-sense, and let me add one or two personal observations: Fidelity and trust are two large factors. In this age and day we move from one place to another, go from one occupation to another, have friends here to-day who are gone from us to-morrow, and with all this kaleidoscopic change fidelity is, perhaps, not as great in the world as formerly. All those unhappy homes where discord has brought divorce in fact or act were wanting in fidelity. And that other factor, "trust," is no small one. The stimulation which comes to a human being by trust faithfully reposed by another is one of the strongest of all bonds in the many complexities of life. Many a young man has been saved from shipwreck by his knowledge of the trust reposed in him by his mother or *fiancée*. Many a lone girl in a large city or a large hospital has been buoyed up to higher and nobler things by trust displayed by a friend or a head

nurse. Name its opposite, suspicion, only to banish it far away and for ever.

The nurse, in addition to being a woman, must be good. As one has said, a woman to be a woman must be God-fearing. Whether she has any formal religion or not is perhaps not as important as merely being pure, noble-minded and sweet. Then the difficult things will be made less difficult and the gross things will lose their grossness.

Training added to such a woman will give the world a nurse who will bring sunshine, wisdom and health itself to the sick one in the mansion of the capitalist or in the shack on the prairie, and let that training be broad and deep. Know all there is to know about how to do things, the different ways of doing things, how to spend the money of the rich and save the money of the poor. As well as knowing how to do things, know also why you do things. This is a day of machines, but let not our nurses be machines. True, you cannot know all the doctor knows; no doctor knows it all. But an intelligent comprehension of the reason for doing things insures their being done rightly. This, then, is the nurse—not the ideal nurse, but the nurse in flesh and blood. J. H. HALPENNY.

THE LADY MINTO HOSPITAL FUND.

(Continued from December issue.)

6. After completion the Hospital Board shall keep the hospital insured in a sum that shall not be less than the amount of the grant made to them from the Fund mentioned.

7. The Hospital Board shall, when incorporated, enter into an agreement with the Board of Governors of the Victorian Order of Nurses for Canada whereby such Hospital Board shall undertake:

(a) To hold all property acquired, or to be acquired by it in any way for the purposes of a hospital at the place where it is built.

(b) That such Hospital Board shall so far as it employs any trained nurse as superintendent, head nurse or nurse, employ nurses belonging to the Victorian Order of Nurses for Canada; and

(c) That the affairs of the hospital will be carried on and conducted in accordance with the charter and by-laws of the said Order from time to time in force.

8. The grant will be paid proportionately as the work of building of the hospital progresses.

9. The applicants are required to furnish answers to the following questions:

(Continued on page 69.)

WHAT I LEARNED IN 1907.*

THE INFLUENCE OF THE MIND ON THE BODY.

Nurses and physicians sometimes neglect too much the influence of the mind over the body, especially in functional, hysterical and neurasthenic disorders. If we gave adequate consideration to this principle of treatment and remembered the therapeutic value of a cheerful, serene, sensible, active, well-balanced mind, Christian Science and other frauds would cease to flourish so greatly.

The work being done by the Rev. Dr. Elwood Worcester, rector of the Emmanuel Church, Boston, Mass., and his associate, Rev. Dr. Samuel McComb, is interesting. Their work is on non-sectarian lines and has for its object to teach the mind control of the body, with the result of both physical and spiritual health. The treatment is strictly scientific. These ministers work in conjunction with physicians, and treat only functional nervous disorders.

AN INSTRUCTIVE CASE.

On October 26th a patient was admitted to ward. Labor had commenced ten hours before, the membranes had ruptured, and the pains were severe. As soon as possible a Caesarean section was done, and a living female child was delivered. Child weighed seven pounds, and has done well ever since birth. The patient was out of bed on the seventeenth day, and has been up daily ever since. The patient's height, 4 feet 6 inches; patient's weight, 90 lbs. Malformation of pelvis is what made operation necessary. In a Caesarean operation which the patient underwent about four years ago, an operation for "ventral fixation" was also performed, and on February 18th, 1907, when she was examined, the cervix could not be reached. When labor commenced there was no descent and an operation was necessary.

HYDROGEN PER-OXIDE.

Hydrogen per-oxide does great things in the way of stimulating a wound to heal. I dressed a rectal fistula last winter for many days. The doctor feared he would have to operate, but long perseverance, packing with iodoform gauze, syringing sometimes with hydrogen per-oxide and sometimes with dilute nitrate of silver, was at last rewarded by the sight of a healed wound.

THE NEW TOWEL.

A towel has been devised in our operating room which we have found very useful when the patient is in Trendelenburg

*Contributed to by Miss Mary Ard Mackenzie, of Washington; Miss Mary J. O'Neill, Superintendent of Guelph General Hospital; Miss Flaws, Superintendent of Butterworth Hospital, Grand Rapids, and others.

position; this towel is the last article put on before the incision is made. Surrounding the slit or abdominal opening in the towel, on the left, right, and lower edge, there is a pocket $4\frac{1}{2}$ inches deep and 2 inches from the edge of the slit, across the top of the towel there is a shallow pocket one inch deep and $1\frac{1}{2}$ inches from the slit, extending from the outside edge of the side pockets. This upper pocket the surgeons find convenient for placing instruments which are in constant use, as it prevents them from slipping down or off the patient. The side pockets and the lower one hold the forceps attached to the tapes of the abdominal sponges used in walling off (which are apt otherwise to be unsnapped or pulled from their place). They also hold other instruments or needles, which are liable to slip when the patient is in this position. The pockets are not deep enough to cover artery forceps, therefore there can be no confusion in picking out quickly any instrument needed that may be in them. This towel should be made of stout, firm goods, so that the pockets will be taut.

OPERATION.

The patient had been suffering from muco-membranous colitis for about two years without any relief from colonic flushing or medical treatment. So operation was decided on. The appendix was brought up and stitched to lower end of abdominal wound and left protruding for four days, until adhesion had formed firmly, at which time the distal end was severed and catheter No. 5 introduced into the stump of the appendix, and saline irrigation used through it for four days, after which medicated irrigation was used. The patient is still in the hospital, but the condition is much improved.

This is not a new operation, but it is the first time it has been done in our Hospital, and it is somewhat unusual; so am sending it.

VARICOSE ULCERS.

The following has been used with great success in cases of varicose ulcers: The patient is put to bed for two or three days, then the leg is shaved and scrubbed and zinc oxide powder applied; if ulcer is large, put an extra layer of the powder and gauze over it; then paint leg with the following:—White gelatine, 150 parts; zinc oxide, pulv., 150 parts; glycerine, 250 parts; distilled water, 450 parts; and apply bandage, then the paint again until there are three layers of paint and two of bandage. Take temperature, and if it is normal do not disturb for two or three weeks. This splint is found to be most comfortable (and to far surpass any elastic stocking), and the patient may go around his ordinary work without its being injurious, as long as there is no temperature.

HOT SPRINGS, ARKANSAS.

I am not going to enter into a detailed account of this Carlsbad of America—its magnificent hotels, hospitals, and sanitoriums, its lines of bath houses, splendid promenades, and many scenic attractions—all this can be obtained from any of the numerous pamphlets issued in such prodigality by this enterprising city. Tourists come here from every part of the globe—pleasure-seekers, in search of variety; gamesters, in search of victims, and invalids, in search of health. The accomplished and versatile American is quite capable of combining the three guests in one; devotes the morning to his physician, his masseuse and his bath, while in the afternoon he seeks fortune and diversion at the races, in the clubs, or in the fashionable society which throngs the hotels during the gay Southern winter season.

The city is situated in a narrow valley of the Ozark Mountains, along whose entire range are to be found many indications of an earlier volcanic period of great activity. Through fissures and crevices in the disorganized strata come streams of water, steaming hot, from the bowels of the earth. The Indians had long believed in the magic properties of these subterranean waters and attributed to them many marvellous cures. The earlier white inhabitants built their cabins along the steaming streams, and found the pure water equally efficacious for external, internal and domestic use. Older settlers still remember wash-day, when the entire community engaged in laundry operations along the banks. Later the United States Government bought the whole district and organized the present flourishing health resort. The springs have been harnessed and carefully guarded, and the tourist now pays generously for this free boon of nature. The water from most of the wells seems to possess no special medicinal value beyond absolute purity. In different districts, however, are arsenical springs, sulphur springs, etc., which are much recommended for various diseases. The patient must have his prescription for his table waters—quality, quantity, temperature, etc.—just as he would for his drugs at home. Invalids who are allowed out of doors are seen on the streets carrying their daily supply of drinking water in large bottles, the more indiscriminate of them haunting the public fountains with their private pocket drinking cups, and consuming vast quantities of the nauseous, lukewarm beverage, probably with the idea that they could scarcely get too much of a really good thing. The physicians, however, recommend moderation both in drinking and bathing, the disease and condition governing all treatment.

The baths are administered by trained colored attendants, most of whom profess some scientific knowledge of massage. The temperature of the bath varies from blood heat to the point of toleration. The patient remains in the tub from 10 to 12 minutes, during

which time the flesh is well rubbed, squeezed and manipulated. He is then taken into a hot room, where he remains under blankets for a half-hour and perspires freely. From here he goes to a cooling room for 15 minutes, and the bath may be finished off with a cool shower and rub-down—possibly followed by an alcohol rub. Vapor baths are given as ordered, or the regular Turkish baths; also hot and cold spinal douches and all other forms of hydropathic treatment. During the process the patient drinks the warm water from the tap, thus helping to secure free perspiration. He is advised to dress warmly and to rest for at least an hour after each treatment. If he finds the baths too weakening, he may take them on alternate days or shorten the treatment.

The diseases which are specially amenable to this system of treatment are rheumatism, kidney and skin diseases, alcoholism, and the many varieties of specific infection. The unusual success met with in the last-named has been accounted for by the heroic doses of potassium iodide and mercury the patient is able to assimilate without poisonous effect. In one sanatorium, I was informed, pot. iodide is given first in 20 minim doses of the saturated solution, three times daily, increasing five minims daily with each dose, till the patient is getting 150 to 200 minims t.i.d. This seems an extraordinary dose, but the head nurse assured me she had seldom seen it produce iodism, and, even if some symptoms should appear, they do not hesitate to increase the dose unless the evidences are too pronounced. The baths, of course, and the free flushing of skin and kidneys, aid in eliminating the drug from the system. Mild saline purges, such as Hunyadi or Abolina Water, are used to keep the bowels moving freely. Mercurial inunctions are given daily after the bath, the ointment being rubbed in across the back and thighs in increasing quantities. Three to six weeks' treatment, in most cases, seems to be sufficient to rid the system of all evidences of the disease. A vapor bath is given at the last to eliminate the mercury. Local lesions are treated in the usual way, a strong solution of bichloride being used as a wet dressing, with great satisfaction. Vaginal douches may be given during the bath, the simple warm tap water being used in unlimited quantities.

For rheumatism in the acute stages, soda salicylate and aspirin are given in doses of twenty to sixty grains daily. For the chronic varieties pot. iodide or sod. iodide is given alone in the 50 per cent. sol.—m. xx. to m. l.x., t.i.d. p.c. The baths are said to do wonders in rheumatic affections of the joints, and, indeed, in most varieties of that painful malady, but I believe the results are not as lasting as the patient fondly expects.

Skin and kidney diseases are relieved by the thorough flushing of the entire eliminative system. Few drugs are used, but their action is much assisted by the hydropathic measures, and their injurious effects on the system minimized.

These few hints of treatment I was able to gather during a very

brief stay in one of the sanatoriums. Methods will doubtless differ among the various practitioners, but I believe these measures have resulted in very gratifying recoveries. Certainly the treatment is wonderfully assisted by the salubrious climate, and not a little by the change of scene and the faith which the patient himself brings to the cure. Such miraculous and dramatic recoveries are recorded that one recalls the blessed waters of St. Anne, or the alleged triumphs of Christian Science. Invalid chairs are forsaken, canes and crutches cast away, and the paralyzed literally takes up his bed and walks, after a whiff of Arkansas air and a few applications of the healing waters. One wonders whether, after all, our own bracing air in unlimited quantities, our own despised tap water used liberally externally and internally, a simple home (in lieu of health food) diet—and a little rest from the endless routine—might not effect, in most of these cases, fairly satisfactory results at home. “Are not Abana and Pharpar, the rivers of Damascus, better than all the waters of Israel? May I not wash in them and be clean?” Perhaps, after all, the faith is the one essential ingredient. But, unlike the ancient Naaman, our modern mighty men and honorable seem to find the value of the cure directly proportionate to the difficulty and cost of obtaining it. In this respect Hot Springs might satisfy the most money-burdened plutocrat. The prices are exorbitant, and one finds that a “simple water cure” can be made quite as genteely expensive as a famed surgeon or a whole pharmacopœia of drugs. Who would not drink mountain-valley water in cut glass goblets, or recline in a crystal bath tub with silver-plated (or gold, for aught I know) taps, with uniformed attendants to wait on one’s every want, and—should you be too corpulent, or too indisposed, to walk—a charming black slave to wheel you in rubber-tired elegance through marble halls and cool piazzas, to your gorgeous and expensive rooms and your ten-dollar-a-day bed?

The city lives and thrives on the tourists, the inhabitants having apparently been brought up to the business of “soaking” their guests, both literally and figuratively. It is a remunerative art and delicately accomplished. I asked a despondent-looking invalid if there was much grippe in the city. He said: “No; the people here ain’t got the grippe—they’ve got the *grab*, and they’ve got it *bad*.”

I have no doubt, however, that an unpretentious tourist may be modestly entertained and honestly treated here as elsewhere; and if you are wise and fortunate enough to evade the boarding house brigand, the designing merchant, the charlatan doctor, and the man (or woman) of wits, you may still get more than value for your money—in renewed health, perhaps; in added experience of the world, and in heartfelt gratitude for the simple life of your own comparatively clean, sane, wholesome, slow, old Canadian home.

ISABEL M. STEWART, W. G. H. '02.

Winnipeg.

Clinical Department

AFTER-PAINS.

When after-pains are very severe, gentle rubbing over the uterus may help to dislodge the bloodclot which the uterus has been trying to expel, and which is often the cause of the severe pains. A hot water bottle or hot fomentations over the uterus, or raising the patient to a sitting position on the bed-pan for a short time, are other measures used with good effect sometimes. If these fail, a high injection of a quart of hot salt solution into the colon will usually bring relief. Though after-pains are a good omen, they often cause very great distress and loss of sleep when they are unusually prolonged and severe. If these simple measures fail and the patient is worn with loss of rest because of them, it is well to notify the physician.

WHEN NURSING PNEUMONIA.

Pneumonia has been aptly termed "The captain of the men of death." In few other diseases has a nurse to deal with more unreasoning prejudices on the part of the common people. The fear of "catching cold" is deep-seated and all but universal. In nursing such cases remember that while it is important that all patients should have a supply of good air, it is especially important in this disease. The patient's very life may depend on the amount of pure air he gets. The fresh air treatment is proving quite as valuable in pneumonia as in tuberculosis, where it has been given a fair trial, and patients who seemed hopeless when admitted to a hospital have rapidly improved under a couple of days' fresh air treatment on the roof of the hospital. Even though you suffer with cold yourself, insist on a constant stream of pure air coming into the sick-room. Then be sure to keep the patient quiet. It is often difficult to convince the friends or family that it is not wise for them to constantly sit with the patient, but most of them will listen to reason. When you find the sickroom is the general stamping ground for the whole family, as well as the place in which they entertain callers, as it very often is, when you find that the rule is for two or three relatives, besides a dog, and a cat, and a baby, are accustomed to be with the patient most of the time, it may be necessary to enlist the aid of the doctor to clear the room and prevent the unnecessary exhaustion of oxygen which the patient sorely needs, but clear the room somehow and open the windows, and keep them open in spite of protests. Then do not forget to give plenty of water to drink. It helps to promote natural elimination, and is quite as necessary as in typhoid fever during the acute stage of the disease. Then, try to remember that it is really as important, as a recent writer has stated, "To know what kind of patient the disease has got as to know what kind of disease the patient has got." Each case of pneumonia is a study by itself, and the nurse who has trained her eyes to see can learn something new from each new patient.

C. A. AIKENS.



THE LADY MINTO HOSPITAL FUND.—*Continued.*

- (a) What is the population in the immediate vicinity of your locality?
- (b) What is the tributary population?
- (c) Where is the nearest hospital, and how far is it from the site of the proposed hospital?
- (d) How large a hospital is required?
- (e) What is the estimated cost of the hospital?
- (f) What is the amount of the grant asked for?
- (g) How much can be raised in the locality or among friends towards building and furnishing the hospital?
- (h) What is the estimate of the annual income or support that can be raised?
- (i) Does the hospital scheme appeal to all classes of the community, and has it the support of the resident physicians?
- (j) Can a free site and a good title be obtained?
- (k) Give the names of the persons who are willing to assume the responsibility of going on with the undertaking in case the grant asked for is given?

10. The estimated cost of maintenance of a ten-bed hospital is \$2,000 per annum, \$1,000 for salaries and wages and \$1,000 for household expenses, including drugs and dressing.

During the last three months the Victorian Order cared for in its 16 hospitals and 18 districts, 1,884 patients, 1,755 being new cases; 12,976 visits were made in the districts.

A POST-GRADUATE course in District Nursing will be given in the Home of the Victorian Order of Nurses, Ottawa. Apply to the Chief Lady Superintendent, 578 Somerset Street, Ottawa. Also a post-graduate course, with special instruction in Midwifery given at the cases, by an experienced obstetrical nurse. Salary, \$10.00 per month. Apply, the Superintendent, 206 Spadina Avenue, Toronto.

The
Guild of



Saint
Barnabas

“Je le pansay ; Dieu le guarit.” [I tended him ; God healed him.]
—*Ambroise Paré.*

THE SECRETARY'S JOURNEY.

I think that the cultivation of the spirit of unity, a unity all-embracing, would do much to put the members in mind that they are part of a great body, and that their strength lies in fostering a sense of union with the whole Guild. I love to think of the group around the Father's Throne each day, as from the South Sea Islands, the great continent of India, from Australia, Africa, New Zealand, from the British Isles, and from the lonely ones scattered about everywhere, there comes a never-ending stream of prayer by which we join hands with our fellow-members. Surely therein lies our strength. Such a standard of work will do much to counteract the tendency, almost inevitable in a new country, to make money the standard of life, to help us make head against the temptation to do one's work like a machine, so common to the whole profession, and hearten up those who, struggling with the difficulties of climate, may be tempted to yield hopelessly to the lassitude and weariness of an enervating atmosphere. We who sit at home can help them with our prayers, and strengthen them with our sympathy, and for this purpose we should quicken our imagination, and, above all, be ourselves loyal and earnest members of our Guild.

Another work before us in the Colonies is to act as missionaries of our Church ; to show in our life and conduct that we believe that Christ has called His Church to spread His kingdom among our fellow-subjects, and that to her He has committed the great sacraments of salvation. This is not always understood ; we can do very much to teach this great truth, but only by a steadfast belief in, and practice of, the teaching of the Catholic Church of England. Any attempt to weaken the Church standard of membership of the Guild is to take a retrograde step in this matter.

My Scallop-Shell of Quiet

*GIVE me my scallop-shell of quiet,
My staff of faith to walk upon,
My scrip of joy, immortal diet,
My bottle of salvation,
My gown of glory, hope's true gage;
And thus I'll take my pilgrimage.*

*Blood must be my body's balmer;
No other balm will there be given;
Whilst my soul like quiet palmer
Travelleth toward the land of Heaven;
My soul will be a-dry before,
But, after, it will thirst no more.*
—Sir Walter Raleigh.

PERFECT YOUR STONE.

You cannot set the world right, nor the times, but you can do something for the truth, and all you can do will certainly tell if the work you do is for the Master who gives your share, and so the burden of responsibility is lifted off. This assurance makes peace, satisfaction and repose possible even in the partial work done upon the earth. Go to the man who is carving a stone for a building; ask him where that stone is going, what part of the temple, and how he is going to get it into place; and what does he do? He points you to the builder's plans. This is only one stone of many. So, when men shall ask where and how is your achievement going into God's plans, point them to your Master, who keeps the plans, and then go on doing your little service as faithfully as though the whole temple were yours to build.

PHILLIPS BROOKS.

THE LIGHT OF THE WORLD.

There is but one thing more wonderful than the traditionary Christmas. It is the recognition by the modern world that to know a person of transcendent goodness, transcendent greatness and transcendent love is the only end in which the infinitely craving heart of humanity can rest. As the world grows older the character of Jesus rises in the firmament of the soul like the sun on his way up from the horizon. No Christmas Day has ever dawned in Canada or the four quarters of the world that has known a profounder adoration of the Christ than will be seen when dawns on the whole world the seventh Christmas of the twentieth century. "I am the Light of the world," said Jesus, and by the shining of that light we know that His words are true.—*J. R. M., in The Evening News* (Toronto).

The Canadian Nurse

VOL. IV.

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No. 2.

Editorial.

WHAT I LEARNED IN 1907.

We have received many kind congratulations on this article. These congratulations were very useful, because they saved us from thinking that this plan, which we embraced with much enthusiasm the moment it was mentioned, was a failure. It looked that way to us, because we asked about fifty people to lend a hand to it and about five responded. But it did not look that way to our friends who read the five good articles that came and knew nothing about the forty-five that did not come. So we said to ourselves, "Cheer up!" And we say to you, "If you did not remember that you learned anything in 1907, watch now and see what you learn in 1908, and put it down as soon as you learn it on a sheet of paper, and put that sheet of paper in an envelope and send the envelope and contents to us on November 20th, 1908.

THE TRAINING OF MIDWIVES.

At least 70 per cent. of the maternity cases in England and Wales are attended by midwives alone, and in 1910 the new Act (of 1902), by which registration and inspection are established, comes into full force, making it illegal for any woman to practise as a midwife habitually or for gain unless she is on the Register. This will affect about half the midwives practising at present. But as things are, the number of trained midwives is inadequate, and, besides, it is impossible for a woman to earn a living wage at midwifery alone, having no other means of subsistence. The Association for Promoting the Training and Supply of Midwives is making great and noble efforts not only to increase the supply, but to obtain from the State, or otherwise, money to provide trained midwives for the poor. The Archbishop of Canterbury is President of the Association, and Princess Henry of Battenberg, Lord Balfour of Burleigh, Lady Acland, and others are deeply interested and are assisting.

The following facts show the seriousness of the situation:

Three thousand mothers die annually in Great Britain on account of the ignorance of midwives. One-fourth of all cases of blindness are due to the same cause.

The Coroner of East London, Mr. Wynne Baxter, has during the last six years held inquests on 363 children who died within 24 hours of birth, and on 2,168 who had not lived twelve months.

What a good thing it is that in Canada the doctor, and not an untrained midwife, has, as a rule, charge of maternity cases.

THE ORDER OF MERIT.

We had the honor of announcing in our last number that news had just reached us of the King's gracious action in conferring on Miss Florence Nightingale the Order of Merit. Miss Nightingale is the twentieth person who has received this great honor. It was instituted by King Edward VII. on June 23rd, 1902, and ordinary



members are "such persons, being subjects of our Crown, as may have rendered exceptionally meritorious services in our Army and our Navy, or who may have rendered exceptionally meritorious service towards the advancement of Art, Literature and Science." The Order was afterwards extended to include foreign persons, and numbers 16 eminent Englishmen and three illustrious Japanese.

The Order of Merit is the third distinction bestowed on Miss Nightingale. Queen Victoria bestowed on her the Royal Red Cross, and in 1904 the King made her a Lady of Grace of the Order of St. John of Jerusalem. The following interesting account of the presentation appears in the *British Journal of Nursing*:

"The insignia of the Order of Merit were conveyed to Miss Florence Nightingale by Colonel Sir Douglas Dawson, Registrar and Secretary of the Central Chancery of the Orders of Knight-

hood, on Thursday, December 5th, 1907. Sir Douglas Dawson drove from St. James' Palace in a Royal carriage to Miss Nightingale's residence in South Street, Park Lane, W., where members of her family were waiting to receive him.

"'By command of His Majesty the King, I have come,' said Sir Douglas, 'to convey the insignia of the Order of Merit to Miss Florence Nightingale.'

"The case containing the cross of the Order, with its beautiful blue and rose ribbon, was then conveyed to Miss Nightingale, who remained in her own room, but received the insignia with much pleasure, and dictated her thanks for the honor conferred upon her by her Sovereign, as follows:

"'His Majesty King Edward VII.—Miss Florence Nightingale desires to express to his Majesty her gratitude for the honor he has done her in graciously appointing her to the Order of Merit. She feels keenly the honor it is to be associated with the distinguished men already members of the Order.'

"The message was at once conveyed to Sir Douglas Dawson.

"By the courtesy of the Lord Chancellor's Office, we are able to give the accompanying illustrations of the Order, which represent its actual size. It is carried out in blue, red, and green enamel. The centre of the cross, bearing the words "For Merit," is of blue enamel surrounded by a wreath of laurels, and the arms, which are eight-pointed, are carried out in red. The reverse side bears the King's monogram. The cross is surmounted by a crown, and is suspended by a handsome ribbon, two inches wide, in soft shades of royal blue and rose red.

"The German Emperor, on December 10th, sent a beautiful bouquet to Miss Florence Nightingale through the medium of his Ambassador. The gift was accompanied by a letter expressing his Imperial Majesty's esteem and his appreciation of her great services to nursing."

THE DEATH OF MISS CHILMAN.

It is with the deepest regret that we announce the sudden death of Miss Chilman, Superintendent of the General Hospital at Stratford. Miss Chilman was universally esteemed and beloved, both by the profession and the public, wherever she worked. Those who knew her will recall her handsome presence, her kindness of speech and action, her dignity of thought and bearing, and will long "for the touch of a vanished hand and the sound of a voice that is still." Few, indeed, among our Canadian hospital superintendents will be more greatly missed or more sincerely mourned. Miss Chilman was the daughter of the late J. C. Chilman of Hamilton, and leaves her mother, three brothers, and five sisters, one of whom is in Australia, to mourn her loss. She was a distinguished graduate of Toronto

General Hospital, and after graduating was for some years Head Nurse of the "Pavilion" there. She had been for nine years Superintendent of the General Hospital at Stratford, where her administration was eminently successful. Miss Chilman was loyal to the profession of which she was a leader, and seldom or never missed a meeting of the Graduate Nurses' Association of Ontario. Her illness was very brief, and the cause of her death was cardiac failure occurring as a complication in a severe attack of influenza. She was on duty almost to the last.

A brief funeral service was held at the Nurses' Residence by the Rev. Mr. Martin of Knox Church. The pall-bearers were distinguished citizens of Stratford, and the Mayor of the city, Mr. Gordon, accompanied by the Hon. Thomas Ballantyne, went down to Hamilton to be present at the funeral.

The following resolution was passed by the Hospital Trust:

"The members of the City of Stratford General Hospital Trust are shocked at the serious loss to the community occasioned by the sudden death of Miss Chilman, the Lady Superintendent of the Institution, whose affairs she has advised and assisted them in administering for many past years. Miss Chilman possessed exceptional abilities, not only in the profession of nursing, but necessarily as a foremost executive officer. It is mainly to her that the public are indebted for the high character our institution has attained amongst the public hospitals of the Province. She introduced many new features of value in practice here, and developed every branch of the service to the utmost degree of efficiency. She was wise and prudent in mind and manner, so that difficulties which constantly arise in dealing with interests diverse in their nature were always harmonized, and pleasant relations were constantly maintained between all who were concerned in hospital work."

The editor and members of the Editorial Board of THE CANADIAN NURSE deplore the loss of one of their best friends, and would offer to the family their deep and heartfelt sympathy.

OBITUARY.—Miss M. M. Paterson, a graduate of the Montreal General Hospital Training School for Nurses, died of typhoid fever at the American Hospital, Mexico City, Mexico, December 30th, 1907. Miss Paterson has done private nursing in Mexico City for the past five years, and was beloved by all who knew her. The nurses of Mexico, her friends, and patients have suffered a great loss. The remains were interred New Year's morning in the British Cemetery, Mexico City.

Editorial Notes.

GREAT BRITAIN.

Trained Nurses in Prisons.—At the last meeting of the Matrons' Council Conference, Mrs. Bedford Fenwick presented a thoughtful and truly progressive paper on this subject. Prison infirmaries, it should go without saying, should be under trained nurses.

ENGLAND.

School of Cookery.—A well-equipped School of Cookery has just been opened at Charing Cross Hospital, and it has been decided to open classes there for the benefit of graduate nurses and of nurses in other hospitals.

Mental Nurses' Co-operation.—The new club-room of the Mental Nurses' Co-operation, at 115 Edgware Road, London, was opened in December, when a very pleasant and successful At Home was held.

Nurses' Missionary League.—This good and useful Guild of Nurses is, we are glad to learn, flourishing greatly, both in work and numbers. Twenty-seven new members have joined in the last two or three months. The annual subscription is 2s.

Short Sleeves.—This, an invariable custom in Danish hospitals, has lately been adopted in some English hospitals. At the Children's Hospital, in St. Ormond Street, London, the sleeve of the uniform is turned up above the elbow, and a white sleeve is worn from the elbow to the shoulder when the nurse is on duty in the wards.

The London "Royal Free."—This excellent Hospital had a red-letter day a few weeks ago, when H. R. H. Princess Christian, President of the Hospital, accompanied by her sister, Princess Louise, Duchess of Argyle, visited the wards, inaugurated the new operating theatre and was present at the dedication services of the beautiful new mortuary chapel, conducted by the Archbishop of London. All these additions to the Hospital are most modern and perfect of their kind. The "Royal Free," as everyone knows, is the Hospital of the London School of Medicine for Women.

IRELAND.

St. Lawrence's Home.—The Countess of Aberdeen, Archbishop Walsh, and a large and distinguished company, attended the annual meeting of the St. Lawrence's Catholic Home for Nurses in Dublin. St. Lawrence's nurses during the last five years have attended 8,000 cases in Dublin. They will help in the campaign against tuberculosis.

The Irish Nurses' Association.—In the Lecture Course of this important Association, Dr. Ella Ovenden spoke recently on "Hygiene," and made her subject very interesting. She referred to the fact that King Edward recently had his prize cattle at Sandringham tested for tuberculosis, and fifty out of seventy were found infected. A large number of pictures were used to illustrate the lecture. Dr. Ovenden, in acknowledging a vote of thanks and congratulations on her approaching marriage, answered an enquiry made by one of the nurses, by saying that "she hoped to continue many of her professional duties after her marriage, and not the least of those were her lectures to the nurses, which always gave her great pleasure."

The Belfast Nurses' Club.—On the third floor of Crane's Buildings, Wellington Place, the Ulster Branch of the Irish Nurses' Association has secured a new club-room and made a home. Lady Hermione Blackwood is President, and the Dowager Lady Dufferin was among the guests. On the opening day the club-room, with its cheerful fire and electric light, and its color scheme of green and white, contrasting with dark oak furniture, was all brightness and comfort. The annual subscription is 5s. for nurses and 2s. 6d. for probationers, but most of the matrons generously give a guinea subscription. The club-room is open from 10.00 a.m. to 8.00 p.m., and there members may read, write, see friends, and have tea. There are already 147 members. Does this not make you wish for a club-room in Halifax, St. John, Montreal, Toronto, Winnipeg, Vancouver, or wherever you are?

SCOTLAND.

The Scottish Nurses' Club.—The temporary Committee of the Club have already secured a club-room at No. 17 South Castle Street, Edinburgh, where a tea-room, reading room, writing room and recreation room will be open daily from 9.00 a.m. to 8.30 p.m., and on Sundays from 2.00 to 6.00 p.m. All nurses resident in Scotland are eligible for membership, and the entrance fee is 5s., the annual subscription being also 5s. At a concert held for the benefit of the club, Lady Helen Munro Ferguson spoke of the advantages it afforded in a great medical centre like Edinburgh. The Secretary is Miss Halkett, Pitfirrane, Dunfermline.

A Sick Benefit Fund.—As a result of the Grand Bazaar held lately on behalf of the Glasgow and West of Scotland Co-operation of Trained Nurses, a sum of over £4,000 has been realized for the Sick Fund. This Co-operation has been in existence for fifteen years, and has nursed 16,000 cases. Sir Hector Cameron, in a speech given on the opening day, remarked that there was no other profession where one must be 23 years of age before one could begin the technical training, nor any other where active service terminated so soon as 50 or 55 years of age. The personal service which a nurse renders in serious illness was priceless, and, therefore, inadequately remunerated.

INDIA

Lady Dufferin Victoria Hospital.—At this fine Hospital in Calcutta a new departure has been made, and a new ward, to be known, by special permission, as the Princess of Wales' Cottage Ward, has been opened. It is for "purda nashin," or high caste Indian ladies, who have hitherto, by the rules of their caste, been unable to avail themselves of hospital privileges. This special ward will afford them such privacy that they can now come.

SOUTH AMERICA.

Buenos Aires.—A London Hospital Nurse has just started a Nurses' Co-operation in Buenos Aires.

FRANCE

Since the Eighth Century.—On January 1st, 1908, the Augustinian Sisters will leave the Hotel Dieu, where they have nursed the patients since the eighth century A.D. The Sisters are transferring their mother-house to a private hospital in the Rue des Plantes.

ITALY.

The Garibaldi Hospital.—Temporary quarters have been secured for this Hospital, which has just been opened, in the presence of the civil authorities, Admiral Bianco, General Ricciotti, and Madame Costanza Garibaldi, who inaugurated the hospital. An English nurse will probably be in charge.

GERMANY.

The German Empress.—During her recent visit to England with the Kaiser, the Kaiserin found time to visit the German Hospital at Dalston, where everyone, from the Chairman, Baron von Schroder, to the smallest child in the wards, was delighted to see her. Six hundred children from the seven German schools in London came to receive her, and cheered and waved their flags when she appeared. The Empress visited the Children's Ward first, listened to them sing "Der Herr ist Treu," took some of the little children in her arms, said to a fourteen-year-old English girl, in English, "Have you much pain, dear?" and shook hands with as many as possible. Her Majesty then visited the other wards, conversed kindly with the matron and sisters, especially with Sister Margaretha, who has been 56 years in the Hospital, and presented a donation of £50 to the funds of the Hospital. This Hospital was founded in 1845, and the nursing staff originally came from the Deaconess Institution at Kaiserwerth, in Germany, where Florence Nightingale was trained.

Question Department.

TRAINED NURSES ON PASSENGER STEAMERS.

A correspondent writes from Montreal to say that on the strength of a paragraph which appeared in our November number she applied to the Cunard S.S. Company for an engagement as trained nurse on one of the Cunard steamers. In answer to her letter she was told that the Cunard Line did not employ trained nurses.

The information published by us appeared in a nursing journal published in England. We have no doubt that Atlantic and other passenger steamers would do well to carry a trained nurse, and think it is an improvement which is sure to come in time.

THE CANADIAN ARMY NURSING SERVICE RESERVE.

A correspondent writes from Ottawa to ask to whom application should be made to enter this service. We have pleasure in reminding our readers that all applications should be addressed to Lieut.-Col. Guy Carlton Jones, Director-General of the Army Medical Service in Canada, Ottawa.

Official Department.

THE CANADIAN NURSE has the honor of publishing official information from.

Queen Alexandra's Imperial Military Nursing Service.

The Canadian Permanent Army Medical Service (Nursing Branch).

The Canadian Society of Superintendents of Training Schools for Nurses.

The Association of Hospital Superintendents of Canada.

The Canadian Nurses' Association.

The Manitoba Association of Graduate Nurses.

The Graduate Nurses' Association of Ontario.

The Victorian Order of Nurses.

The Guild of St. Barnabas for Nurses.

The Collingwood G. and M. Hospital Alumnæ Association.

The Calgary Graduate Nurses' Association.

The Edmonton Graduate Nurses' Association.

The Ottawa Graduate Nurses' Association.

The Fergus Royal Alexandra Hospital Alumnæ Association.

The Galt General Hospital Alumnæ Association.

The Guelph General Hospital Alumnæ Association.

The London Victoria Hospital Alumnæ Association.

The Kingston General Hospital Alumnæ Association.

The Montreal General Hospital Alumnæ Association.

The Montreal Royal Victoria Hospital Alumnæ Association.

The Ottawa Lady Stanley Institute Alumnæ Association.

The St. Catharines General and Marine Hospital Alumnæ Association.

The Toronto Central Registry of Nurses.

The Toronto General Hospital Alumnæ Association.

The Toronto Grace Hospital Alumnæ Association.

The Toronto Graduate Nurses' Club.

The Toronto Hospital for Sick Children Alumnæ Association.

The Toronto Riverdale Isolation Hospital Alumnæ Association.

The Toronto St. Michael's Hospital Alumnæ Association.

The Toronto Western Hospital Alumnæ Association.

The Winnipeg General Hospital Alumnæ Association.

The Vancouver Graduate Nurses' Association.

THE ALUMNÆ ASSOCIATION OF THE COLLINGWOOD GENERAL AND MARINE HOSPITAL TRAINING SCHOOL FOR NURSES.

Officers, 1907-8: President, Miss J. E. Carr; 1st Vice-President, Miss M. M. Redmond; 2nd Vice-President, Miss M. E. Knox; Secretary, Miss A. I. F. Morton; Assistant Secretary, Mrs. Isabel McBride; Treasurer, Miss J. Cottrill.

Sick Visiting Committee: Misses Dawson, Lord, and Moore.

The meetings are held on the first Thursday of the month at 3 p.m., in the Board Room of the hospital.

THE ALUMNÆ ASSOCIATION OF THE HOSPITAL FOR SICK CHILDREN TRAINING SCHOOL FOR NURSES, TORONTO.

Officers, 1907-08: Hon. President, Miss Brent; President, Miss Gowans, 5 Dupont St.; 1st Vice-President, Miss Barnard, 608 Church St.; 2nd Vice-President, Miss Ellrington, 15 Selby St.; Recording Secretary, Miss Cooper, 505 Sherbourne St.; Corresponding Secretary, Miss Robertson, 182 Walmer Road; Treasurer, Miss Mary Hill, 105 Roxborough St. East; Secretary of Invalid Cookery Book, Miss Mary Gray, 505 Sherbourne St.

General Business Committee: Convener, Miss Barbara Goodall, 666 Euclid Ave.; Miss Jenny Gray, Deer Park P.O.; Miss Bennett, 505 Sherbourne St.; Miss Kirkby, 266 Gerrard St.; Miss Adams, 85 Isabella St.; Directors, Miss Halley, 24 Elgin Ave.; Miss Leman, 20 Boswell Ave.; Miss Clark, 85 Isabella St.; Representatives to Central Registry, Miss Cooper, Miss J. Hamilton. Representative on Editorial Board of THE CANADIAN NURSE, Miss Hamilton.

Meetings are held on the second Thursday of the month in the Nurses' Residence at 3.00 p.m.

TORONTO GENERAL HOSPITAL ALUMNÆ ASSOCIATION.

Officers, 1907-8: Hon. President, Miss Snively; President, Miss A. Muir, 505 Sherbourne St.; 1st Vice-President, Miss H. Fralick, 12 Selby St.; 2nd Vice-President, Miss M. Tweedie, 53 Langley Ave.; Treasurer, Miss Halbhaus, 12 Selby St.; Recording Secretary, Miss Mary Roberts, Grange Ave.; Corresponding Secretary, Miss Samson, 12 Selby St.; Directors: Miss Hall, Miss Burnett, Miss Crosby, 12 Selby St.

Conveners of Standing Committees: Sick Visiting, Miss Alice Stewart, General Hospital; Registration, Miss Lucy Bowerman, Sherbourne St.; Programme, Miss Ida Beam, Selby St.; Social, Miss Younger; Look-out, Miss Baldwin; Press and Publication, Miss M. E. Christie, 19 Classic Ave.; Representative of the Central Registry Board, Miss B. Crosby and Miss A. Boyd; THE CANADIAN NURSE Representative, Miss Frieze.

QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

The following ladies have received appointments as Staff Nurses: Miss K. A. Broade, Miss C. Skinner.

POSTINGS AND TRANSFERS.

Miss A. Garriock, R.R.C., as Principal Matron, to South Africa, from R. H. Hp., Woolwich; Miss A. L. Cox, to South Africa, from M. Hp., Shorncliffe.

Sisters.—Miss E. M. Fairchild, to South Africa, from C. Hp., Aldershot; Miss S. Lamming, to C. Hp., Aldershot, from R. H. Hp., Woolwich; Miss L. M. Toller, to Q. A. M. Hp., Millbank, London, from duty T. S. "Plassy"; Miss I. G. Willetts, to R. H. Hp., Woolwich, from M. Hp., Portsmouth.

ON APPOINTMENT.

Staff Nurses.—Miss A. R. Hyslop, to M. Hp., Chatham; Miss K. Lowe, to R. M. I., Dublin; Miss A. Lee, to M. Hp., Portsmouth; Miss J. S. G. Gardner, to the Q. A. M. Hp., Millbank, London; Miss L. M. Draper, to T. S. "Plassy," for duty, from R. H. Hp., Woolwich.

PROMOTIONS.

The undermentioned Sisters to be Matrons.—Miss A. Nixon, Miss E. A. Cox.

The undermentioned Staff Nurses to be Sisters.—Miss A. B. Cameron, Miss E. M. Goard, Miss E. M. Lang, Miss E. J. Minns.

ARRIVALS.

Miss F. E. Addams Williams, R.R.C., Principal Matron; Miss E. Ferguson, Matron, from South Africa.

C. H. KEER,
Matron-in-Chief, Q.A.I.M.N.S.

Hospital and Training School Department.

A HOSPITAL is projected for North Vancouver.

It is proposed to establish a hospital at Arnprior.

A NEW wing will be built at Victoria Hospital, Renfrew.

A NEW Welland County Hospital will be built at Welland.

MISS HARTOFF has accepted the position of head nurse at the Brandon Hospital.

MISS PARKINS is now in charge of the new dietary department of the Victoria Hospital in London.

A VERY successful bazaar was held in Orangeville by the Daughters of the Empire in aid of the new hospital soon to be established there.

MISS JEAN DOLAN, graduate of the Lady Stanley Institute, Ottawa, class 1907, has been appointed Head Operating Room Nurse in the General Protestant Hospital, Ottawa.

MISS STELLA SCOVIL has resigned her position as Head Nurse in the Operating Department of the General Protestant Hospital, Ottawa, and is succeeded by Miss Jean Dolan, Lady Stanley Institute, class 1907.

MISS WOODLAND has accepted the position of Superintendent of the Toronto Western Hospital. All her friends, and especially the Alumnae of the Hospital, wish her many years of health and prosperity in her new position.

ON Christmas Day, at a reception held by the nursing staff for the townspeople, etc., the sun parlors, built and furnished by the Ladies' Hospital Auxiliary of the General Hospital, Niagara Falls, were opened. They are a great addition to the hospital, facing due south, and with their cosy gas stoves, dainty furniture, etc., make very delightful sitting rooms for the convalescent patients. The winter session of lectures for the pupil nurses of this school began in November. They comprise six lectures each on Anatomy, Physiology, Surgery, Materia Medica, and Obstetrics, and are given by the city physicians of Niagara Falls.

THE Registry Committee held its regular monthly meeting on January 6th, at 644 Spadina Avenue. Members present, six. The Registrar's report showed that the members number 259; calls for December, 110 (registry 78, personal 28, visiting nurse 4); savings bank account, \$400.00; current account, \$116.92; on hand, \$10.00. There were seven applications to consider, and of these five were approved. The committee were very sorry to learn of the illness of one of their number, Miss Weyer, who has typhoid at her home in Peterboro. It was decided to send her flowers with the good wishes of her fellow-workers for a speedy recovery.

THE Woodstock General Hospital has received a bequest of \$3,000.00 for the establishment of a new ward.

THE Calendar or Circular of Information of the Butterworth Hospital Training School for Nurses (Grand Rapids, Mich.), is an attractive and finely illustrated pamphlet.

THE Ottawa Graduate Nurses' Association held its first meeting at the Young Women's Christian Association at 3.30 p.m. on Thursday, 9th January, 1908. Miss Damer was present and addressed the first meeting of the club.

THE building and furnishing of Neepawa General Hospital have cost about \$17,500.00, of which only \$3,000.00 remains unpaid. The Directors have an offer of \$850.00 if they can raise the additional sum. The rural municipalities, the farmers and the citizens will, it is expected, be generous and enable the Hospital to begin the new year free of debt.

THE Lady Superintendent, Miss Snively, and the Nurses of Toronto General Hospital gave a most successful At Home on December 27th, at the Nurses' Residence. It was one of those occasions when everybody dances, and nobody can remember a pleasanter evening. The Governors of the Hospital, the Visiting Staff and others were present among the guests.

MISS ELIZABETH DAVIDSON (graduate T.G.H., 1905) has accepted the position of Superintendent of the McKellar General Hospital at Fort William. Miss Banks, the former Superintendent, resigned her position in October, 1907, and was presented by the medical staff with a jewelled bracelet, by the Hospital Board with a beautiful necklace, with their regrets at her leaving. Miss Banks will reside in the West for the present, and will take a needed rest from professional duties of about a year.

BREHMER REST, in Quebec, near Montreal, is a unique and useful institution, with a short, but interesting, history. Dr. S. A. Knopf, of New York, the great authority on tuberculosis, who visited it in 1907, called it "The Preventatorium." Early in 1905 a few Montreal ladies met, at the invitation of Dr. A. J. Richer, and these ladies must have been well and wisely chosen, for they became the founders of the institution and did the arduous work of collecting the necessary funds. Brehmer Rest was opened in the brief time of three months thereafter. It is a recuperation home, where men or women who need care in debility, anæmia, convalescence from pleurisy, pneumonia, etc., so that tuberculosis *shall not develop*, may find such care. It is non-sectarian, the charge made is only \$4.00 per week (about half the actual cost of maintenance), so that none need be shut out, and to the deserving poor an Auxiliary Committee provides for admission free of cost. How many lives might be saved if others, hearing of Brehmer Rest, said to themselves, "Go, and do thou likewise."

THE usual monthly meeting of the Board of Directors of the Toronto Graduate Nurses' Club was held at Mr. Greer's residence, 15 Bain Avenue, on Wednesday, January 8th, at 3 p.m. The following members were present: The Mesdames Roden, Fred. C., the Misses Bowerman, Argue, Mary Gray and Barwick. It was decided to give a tea for the graduate nurses of Toronto, to be held the last week in January, the exact date and place to be settled later. The "Made in Canada" Fair that the nurses are getting up in aid of the Nurses' Club House is to be held in Easter week, and the committee are most anxious that as many nurses as possible will consent to make fancy articles, and also will interest their friends in this most worthy object. After some minor business was settled the committee adjourned to enjoy a cup of tea, most thoughtfully provided by Mr. Greer.

THE new hospital which has been built at Almonte, Ont., by Mr. Bennett Rosamund, and deeded to the V. O., is charmingly situated near the River Mississippi, which flows very swiftly through the pretty town. The hospital commands a wide view of the country. It has a waterworks system of its own, run by electricity, the lighting being also electrical. There are two sun parlors off the two public wards, which contain four beds each, and are on the main storey. On the upper flat are four private wards. Every room is very cheerful and pleasant. The town is most enthusiastic in its support of the hospital, and have every reason to be proud of their new building and its generous donor. The Board and Ladies' Auxiliary gave as a Christmas box to Miss Shields, the Hospital Superintendent, a handsome travelling bag. Miss Shields has done much hard work in a very inconvenient place, and they wished to mark their appreciation of her self-sacrifice.

THE exercises in connection with the graduation of the first class in the recently established Training School for Nurses at the Toronto Hospital for the Insane were held in the lecture hall on the evening of December 19th, 1907. The report of the Training School was read by Inspector Rogers. It outlined briefly the work being done by the school and the value of the trained nurse in caring for the difficult class of patients received in institutions for the insane. Mr. E. R. Rogers, Inspector of Prisons and Asylums, presented the diplomas to the eleven graduates, and the class pins were awarded by Mrs. Rogers. Dr. C. K. Clarke, Medical Superintendent of the Hospital, in a short talk dwelt on some of the phases in the work of the Training School. A short musical programme and supper followed, and the rest of the evening was given over to the nurses' dance. The graduates are: Mary MacNamara, Annie Eakins, Kate Cassidy, Helen Kildea, Sarah Hodgson, Jane Millard, Sarah Weir, Margaret Elliott, Susie Stevens, Mary Carson, Minnie Magee.

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THE Women's Hospital Aid Society of Neepawa, Man., have recently held a very successful bazaar for the hospital. The place selected was Mr. John Kerr's recently vacated store, in the Empire Block. Refreshments, music, a fortune-teller, and the tasteful decorations everywhere to be seen added to the pleasure of the numerous friends and visitors. The bazaar lasted for two days, and the Neepawa General Hospital will benefit to the amount of over \$200.00. Those in charge of the different departments were: Reception Committee, Mrs. John Brown, Mrs. John Wemyss; Decorating Committee, Mrs. Dunlop, Mrs. Clare, Mrs. Geo. Hamilton; Tea Room, Mrs. Hay, Mrs. Leach, Mrs. Hunter; Fish Pond, Mrs. W. J. Hamilton, Mrs. J. Kerr, Mrs. J. Tritt; Fancy Work, Mrs. Smith, Mrs. DeMattos, Mrs. Wilkes; Aprons, etc., Mrs. Boulton, Mrs. Innocent, Mrs. Dinwoody; Candy, Mrs. Davis, Mrs. W. M. Hamilton, Mrs. Allison; Flour and Cereals, Mrs. Irwin, Mrs. Rennie, Mrs. Johnston, Mrs. McInnis. The officers of the Hospital are: President, Dr. McFadden; Hon. Secretary, John Wemyss; Lady Superintendent, Miss A. Scott.

THE first graduating exercises of the Neepawa General Hospital were held on December 5th and were very successful. The two first graduates were Miss McConnell and Miss Johnson. The President, Dr. McFadden, was in the chair, and congratulated the nurses, saying that he had no doubt they would fulfill the duties of their profession in a manner satisfactory to those with whom they came in contact, a credit to themselves, and an honor to the Neepawa Training School which had sent them forth. The people of Neepawa and surrounding municipalities were thanked for the aid they had given the hospital in the past, and were told that the keen interest they are now showing in hospital affairs, particularly the paying off of the indebtedness, was encouraging to the Directors, and highly appreciated by the Board. Eloquent and congratulatory speeches were also delivered by Ex-President J. J. Hamilton, Drs. McRae, Poole and McInnis, Reeves McNair and Little, Dr. DeMattos, Mr. Davis and Mr. Wemyss. After the speeches the company present enjoyed a musical programme. A neat and dainty recherche tea was served at 11. The singing of "Auld Lang Syne" concluded the evening. The Lady Superintendent, Miss Scott, has made an eminent success of her training school for nurses, and her work, both in this and the management of the hospital, has been of a highly satisfactory character.

ON Thursday, November the 14th, 1907, the Fancy Fair under the auspices of the Daughters of the Empire, for the purpose of raising funds to establish an hospital in Orangeville, was opened at 1 o'clock, in a very appropriate and pleasing manner. Mr. C. R.

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is very important and requires great care and judgment during convalescence.

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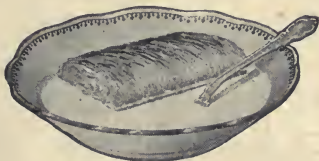
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McKeown, the member of the local Legislature for the County of Dufferin, and Mayor of the town of Orangeville, made the opening address, and after extending to the ladies the privilege of the town to conduct their bazaar in the manner desired he extended to them heartiest congratulations upon their undertaking and the harmonious and co-operative energy displayed, which had pressed forward the scheme they had so enthusiastically set on foot. On behalf of the Daughters of the Empire, he desired to express their thanks to all, both in town and county, who had so generously contributed to the success of the bazaar which was then about to commence. After a few remarks very appropriate to the occasion, he introduced to the assembly Dr. Barr, the member of the House of Commons for the county. Dr. Barr was enthusiastically received and expressed his gratification at the fact that after many years' delay there was now a possibility that we would have a first-class hospital, and would not be depending upon other counties for the care of those who should be cared for within our own borders. At the conclusion of Dr. Barr's address Mrs. McIntyre, in a very effective manner, recited the poem dedicated to the Daughters of the Empire by Mrs. Frank, and the opening ceremonies were very fittingly brought to a conclusion by the presentation to the Orangeville Chapter of the Daughters of the Empire by Mrs. Dewar, their honored and esteemed Regent, of a beautiful Union Jack, the colors of the Order. The colors were received by Mrs. (Dr.) Bowles, the Standard Bearer, on behalf of the Chapter, and beautiful sheaves of American Beauty roses were presented by Mrs. W. R. Kent, the Secretary, to Mrs. Dewar, the Regent of the Chapter, and to Mrs. Barr and Mrs. McKeown, First Vice-Regent. About eight hundred dollars was realized in the two days' Fair. The county seems to feel that it must have a hospital. Two concerts are being held this month with this object in view. A mile of coppers, which, if successful, will realize \$600.00, is to be started in Grand Valley. When at least two thousand to three thousand dollars is on hand steps will be taken to begin the hospital.

THE graduating exercises of the Hospital for Sick Children, Toronto, were held on Dec. 11th, in the Nurses' Residence. Mr. J. Ross Robertson, Chairman of the Hospital Trust, presided, and among those present were Mr. W. F. Cockshutt; Miss Brent, Lady Superintendent; Miss Potts, Assistant Superintendent; Miss Kinder, Supervisor of Probationers, and Mrs. Macbeth, Chief Dietitian; Miss Snively and Dr. Brown, of the Toronto General Hospital, and Miss Matheson, of the Isolation Hospital. President Falconer, of Toronto University, Dr. Allan Baines, Dr. Fotheringham, and Mr. I. H. Cameron gave interesting addresses. Mr. Robertson read the report prepared by Miss Brent of the work done in the Training School of the Hospital. He said: "The Training School for Nurses completed its twenty-second year September 30th, 1907, but up to 1896 the work was very limited—for there were up to that date less

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than a dozen nurses employed. The School really entered the field as a great Training School in 1896, when the present Superintendent, Miss Brent, took charge. One hundred and seventy-four nurses have graduated since the formation of the School to September 30th, 1907; 13 in this class makes the number up to the present 187. There are at present in the school 53 nurses, of whom 9 are head nurses, 9 senior nurses, 9 intermediate, 12 junior nurses, and 14 probationers. The number who applied for admission during the year was 250, of whom 35 were accepted. This is the second class that has graduated since the opening of the Nurses' Residence. In the present graduating class nine have passed with honors, the highest receiving 99 1-2 per cent. (Miss McCaul), the next two being 92 1-2 per cent. (Miss Wilson and Miss McCuaig). Seventy-five per cent. is required for honors. The lowest number of marks was 73 per cent., which is rather a fair record, considering that there were six papers and four oral examinations. Although the total number of marks of the other graduates is not given, one passed with 99 per cent. in Dietetics, and three or four got over 90 per cent. in Surgery and on their orals in Obstetrics four got over 90 per cent. All of which goes to show that the class has proved very satisfactory and is up to, if not better, than the usual standing. The nurse receiving the scholarship is Miss Maude Isaac, the Senior Class Scholarship, that of \$50.00. Miss Laura Thomas receives the prize for General Proficiency, \$5.00 in gold. Miss Emily McCaul receives the prize for being first in her examination, \$5.00 in gold. The present graduating class is as follows: Ada Whicher, Ada Ballantyne, Laura Thomas, Marjory Wilson, Grace Thompson, Marguerite Holcroft, Rachel Amy, Maud Isaac, Ethel Ingram, Lillian Rodgers, Emily McCaul, May Watson, Lucy McCuaig."

THE Ottawa Graduate Nurse's Association held its inaugural meeting as an organized Society in the lecture hall of the Young Women's Christian Association, in the month of January, 1908. We are indebted to the Secretary, Miss Chesley, for an account of the meeting. The enthusiasm with which the idea of organization had been received by the graduate nurses of Ottawa was most encouraging, and a tangible witness to this fact is the very satisfactory initial membership roll—numbering seventy. The Association was very fortunate in having secured Miss Damer of New York State, to address the members on the benefits to be derived from organization. Miss Damer has quite an extraordinary power of presenting things clearly and forcibly, and carrying conviction to the minds of her hearers. Her efforts in Ottawa proved to be no exception. In the introductory part of her lecture she touched briefly on the gradual improvement in the methods of caring for the sick from the medieval dark days of nursing down to the present 20th century, laying stress on the remarkable impetus

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given to this in America by the development of organization among the nurses of that country. For many years after the inauguration of trained nursing there was no professional spirit of co-operation among the nurses, each nurse was a mere unit with no code of ethics unless she made it for herself, no standard of work except that of her old hospital, whose traditions became in time merely a sentimental memory. This individualism received its first curative treatment from the organization of Alumnae Associations, that of Bellevue Hospital nurses was organized in 1889. In 1896, the Associated Alumnae of the United States. This Society has affiliated with it twenty-one State Societies and a membership roll of 20,000. The primary objects of the various Alumnae were educational and beneficial, becoming more altruistic, and undertaking broader work as time went on, enlisting with Municipal Boards of Health in preventive medicine in Public Schools, tenement house inspection, and in the anti-tuberculosis crusade, supporting their own district nurse, establishing club houses with registries in connection and by joint effort of the various alumnae in the different States securing State Registration placing nurses on the Board of Examiners of candidates for Registration of their own choosing. The latest outcome of the united efforts of the allied Alumnae of the Association, is the establishment of an endowment at the Columbia University of a chain of Hospital economies, for the training of nurse teachers and Superintendents of hospitals, the value of this step cannot be over-estimated. Lastly, she exhorted the nurses of the newly formed Association to shake themselves free from commercialism and money making progress through nursing, to endeavor to reach the acme of perfection in the quality of their nursing work, to cherish the highest ideals and to convince the public of the genuineness of their desire to co-operate in any movement for the alleviation of human suffering, and to join in advancing any work for the good of the community at large.

THE monthly meeting of the Toronto Graduate Nurses' Club was held in the lecture room of the Canadian Institute on Friday evening, December 20th. In the absence of the President, Miss Muir, the chair was taken by Miss Bowerman, who presided in her usual happy manner. Miss Hill outlined the work and aim of the National and International Council of Women, with a total membership of 7,000,000. The Women's Council is especially active in the improvement of sanitary conditions in shops and factories and in working out such problems as the supply of pure milk and water. Miss Hill also gave information *re* the quinquennial to be held in Toronto in June, 1909, which promises to be one of the most important and interesting conventions this city has seen. A most inspiring address was then given by Dr. Sheard on "The Nurse as a Citizen." Three important points emphasized by the speaker were: (1) Education, (2) Work, (3) Idealism. These were essential to the success of the nurse, whether in hospital, private or district work.



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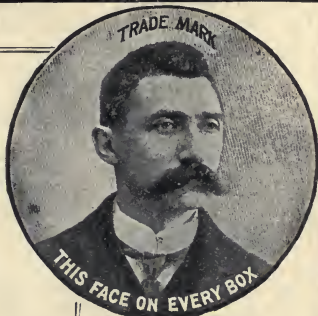
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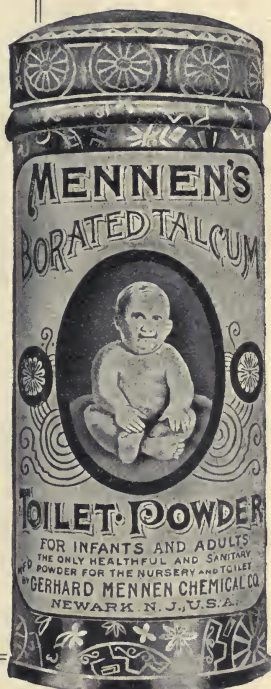
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In connection with education, attention was drawn to the value of education; the companionship of education in itself, of good books, of good literature, the innate refinement which it begets—education is an introduction into all society, carrying with it everywhere the distinguishing marks of the educated—illustrated in conversation, character, dress and surroundings. Special emphasis was laid upon the taste for good reading. It was designated as a test which should stand one in good stead under every variety of circumstances, no matter how things might go against one or how the world might frown. That it was in itself universally a constant source of happiness, unless, indeed, there fell into the reader's hands a most perverse selection of books. That reading was indispensable to a nurse's success, not merely technical reading, but that she should be fairly well acquainted with the literature of the day and the prominent authors of poetry and fiction. (2) When it came to work it was never to be forgotten that work in itself was one of the greatest blessings Providence could bestow. Provided the work was congenial, it mattered not whether the work was in the field or in the mine, whether it was the delicately fingered artisan or the strong-armed, fiery-hearted worker at the forge, or the dim, obscure, sentimental artist merely attempting to portray thought. That this was the incentive to progress; that work was the parent of genius; that geniuses were evolved from the ranks of the workers; that the great names that had adorned the history of the past were those of resolute workers, not idle dreamers. Michael Angelo, Gustav Doré, Rubens, Beethoven, Mozart, Goethe, were all men who often, very often, sat down like drudges to an unwilling task in which they speedily became engrossed. That these giant workers left behind them records of the successful achievement which the world worshipped as the product of genius. (3) The ideal of the nurse was above everything else. Sublime in her mission of mercy, in her daily and nightly watchings by the bedside of the suffering, in her visitations from door to door, teaching the laws of healthy living, in her answers to those seeking admission at the hospital door, who did not enquire whether they had a card or a name, but simply if they had a grief. That they should try and comprehend what a nurse's work really meant. To be successful in nursing they should have the nurse's ideal constantly before them. The innate love of relieving human suffering and the love of the knowledge leading to such relief. The meeting was brought to a close by a vote of thanks being conveyed to Miss Hill and Dr. Sheard for their extremely interesting and helpful addresses.

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Personals.

MISS ROGERS' staff of school nurses in New York City now numbers 72.

MISS SALTER, Ottawa, has been doing private nursing at Indian Head this winter.

MISS P. O. FARRAR (T. G. H.), Toronto, has been doing private nursing in Indian Head, Sask.

MISS HARRIS (W. G. H.), Winnipeg, has accepted a position in the Indian Head Hospital for a few months.

MISS GRAVES, Matron of St. Michael's Hospital, Toronto, spent the Christmas holidays at her home in London.

MISS JANET NEILSON has been appointed nurse in charge of the tuberculosis clinic at Toronto General Hospital.

MISS FROST (W. G. H.), Winnipeg, is spending the Christmas holidays with her sister, Mrs. F. M. Wooton, Indian Head.

MISS SIBBALD (T. G. H.), Toronto, who has been visiting her aunt, Mrs. Stevens, at Indian Head, has returned to Toronto.

MISS H. P. STORK, graduate of Guelph G. H., has been appointed Assistant Superintendent of the Protestant Hospital, Sherbrooke, Quebec.

WORK in Dr. Burd's Hospital, in Blind River, is not so heavy as last year. This is probably due to the smaller number of men in the camps.

MISS MINNIE L. HANCE, of Indian Head Hospital staff, leaves the 1st of January for a month's holidays at her old home in London, Ontario.

NURSE MCCONNELL, who recently graduated with honors from the Neepawa Hospital Training School, has returned to her home at Tisdale, Sask.

MISS EDITH CAMPBELL, of Montreal, graduate of the Presbyterian Hospital, New York, has gone to the Nurses' Settlement to take up district nursing for a time.

MISS HELEN S. WALKER, of Indian Head Hospital staff, is at her home in Strathroy, Ontario, for the Christmas holidays. Miss Walker is a graduate of Victoria Hospital, London, Ont.

MISS CHRISTINE MACDONELL, St. Mary's Hospital, Brooklyn Class; Miss Gertrude Miller, New York Hospital, Class 1903; Miss Florence Frazer, New York Hospital, Class 1903; Miss Marjorie Clark, St. Luke's Hospital, Class 1903, all Canadians, have recently been appointed to the staff of school nurses in New York City.

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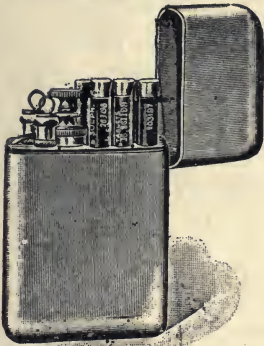
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MISS JULIA K. HUGHES, graduate of Boston City Hospital, and recently of the school nurses' staff in New York, is spending a few months abroad preparatory to her marriage in the near future.

MISS C. HUTTON, who has been engaged in the hospital in Blind River since September, 1907, has, with her sister, Miss E. Hutton, of Toronto, left for the American "Soo." They expect to do private nursing there.

MISS EDITH C. RAYSIDE, of St. Luke's Hospital, Ottawa, who has been in Indian Head, Sask., for a year, left December 1st for her home in Lancaster, Ont. Her position in the Indian Head Hospital is filled by Miss M. C. Grant of V. G. H., Halifax, late of Yorkton, Sask.

A VERY pleasant occasion at St. Michael's Hospital, Toronto, recently was the presentation of a mahogany dressing table to Miss Graves, the Matron, by the graduating class of 1907. An appreciative address was read by Miss Kormann, and luncheon was served immediately afterwards in the south annex of the hospital.

MISS FLORENCE POTTS, of the Hospital for Sick Children, Toronto, and Miss Alice Pepper, Frank, Alta., are spending their holidays with friends in Ottawa. Both ladies are graduates of the Lady Stanley Institute, Ottawa.

MARRIED.

SHAW—SMEDLEY.—At the residence of Mr. Thos. W. Rea, 631 Huron Street, Toronto, on Thursday, January 9, 1908, by Rev. Dr. Broughall, Jean Smedley, to Henry S. Shaw, M.D., of Montreal.

ROBSON—LAUSHEVAY.—October 21st, 1907, Miss Ambrozone Laushevay (graduate of the Lady Stanley Institute, Ottawa, class 1905), to Mr. A. W. Robson, Edmonton, Alta. Mr. and Mrs. Robson will reside in Edmonton.

WILSON—HOLBEIN.—At Arnprior, Ont., December 25th, 1907, Miss Kate Holbein (graduate of the Lady Stanley Institute, Ottawa, class 1904, and late Assistant Superintendent of the Victoria Hospital, London, Ont.), to Mr. R. A. Wilson, Regina. Mr. and Mrs. Wilson will reside in Regina.

MACVICAR—STIRTON.—In St. Paul, Minn., on Thursday, December 19th, by the Rev. Dr. Edwards, Malcolm Guthrie MacVicar, of Saskatoon, Sask., to Henrietta, youngest daughter of the late Joseph Stirton, of Guelph, Ont. Mrs. MacVicar is a graduate of the Guelph G. H., and was Superintendent of the Victoria Hospital, Prince Albert, Sask., for a few years.

DUNN—DRAPER.—On December 2nd, 1907, by the Rev. V. I. Perry, of St. Thomas' Church, St. Catharines, Minnie E. Draper to Robert Dunn. Mr. and Mrs. Dunn will reside in St. Catharines.

In all disorders of the respiratory tract in which inflammation or cough is a conspicuous factor, incomparably beneficial results can be secured by the administration of

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The preparation instantly diminishes cough, augments expulsion of secretions, dispels oppressive sense of suffocation, restores regular, pain-free respiration and subdues inflammation of the air passages.

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and the various disorders of the breathing passages.

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The Nurse's Library.

WE have received and read with great interest the Report of the International Conference on Nursing at Paris last summer. We hope our readers will remember to send for a copy. It may be ordered from the *British Journal of Nursing*, London, England, and the price is two shillings.

The University Magazine, in the last number of the sixth volume, just issued, presents an attractive series of articles and two poems, one by Dr. John McCrae, and the other by Miss Pickthall, whose work has the true touch of genius, and is beautiful. Among the writers of the articles are Rudyard Kipling, Prof. W. J. Alexander, Prof. Fernow, and Dr. Andrew MacPhail, the editor, to whom, most of all, Canada owes the honor of possessing a review of the dignity and standing of *The University Magazine*.

A Text Book of Practical Gynaecology. For Practitioners and Students. By D. TOD GILLIAM, M.D. Second, Revised Edition. Illustrated with 350 engravings, a colored frontispiece, and 13 full-page half-tone plates. 642 pages. \$4.50. Philadelphia: F. A. Davis Co. Toronto: J. A. Carveth & Co.

One or more works of reference on Gynaecology should be in every nurses' library. The present volume is the outcome of a wide experience on the part of the author, one of the foremost gynaecologists of Ohio, and, indeed, of the United States. The present edition includes a good deal of new material, and an excellent index adds much to the value of the work as a book of reference.

Compend of Surgery. By ORVILLE HORWITZ, of Jefferson Medical College. Philadelphia: P. Blakiston's Son & Co.

This is a book of Surgery, including Minor Surgery and bandaging, and intended mainly for review purposes and for ready reference.

The Laws of Health. By DAVID NABARRO. London: Edward Arnold. 1s. 6d.

The author, who is a professor in University College, London, and was till recently on the staff of the Evelina Hospital for Children, has prepared this text book for advanced pupils in elementary schools, and also for pupils in secondary schools. As a clear and useful account of the laws of health it forms an admirable text book, and should have a large circulation.

A Manual for Hospital Nurses. By EDWARD J. DOMVILLE. Philadelphia: P. Blakiston's Son & Co. Toronto: J. A. Carveth & Co.

This Manual has been a favorite one in Great Britain, having reached the ninth edition, and was prepared by the Surgeon of the Royal Devon and Exeter Hospital, Dr. Domville.

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The Nurse's Calendar

The Alumnae Association of the Toronto General Hospital Training School has issued a **Calendar for 1908** consisting of daily quotations from various authors. The object is to establish an emergency fund for sick nurses. The Calendar is gotten up in an attractive form in the school colors and will be **for sale early in December** at any of the Nurse's Homes.

Price 50 Cents

Diseases of Children. \$2.00. By ROBERT S. McCOMB, of the Children's Hospital of Philadelphia. Philadelphia and London: W. B. Saunders Co. Toronto: J. A. Carveth & Co.

Dr. McComb, while lecturing to the nurses in the Philadelphia Children's Hospital, felt the need of a text book on children's diseases, and has compiled from his lectures and from standard works a useful book dealing with Children's Diseases, Infant Feeding, Emergencies, Hygiene, Nursing. The book is well illustrated and well arranged.

Hospital Training School Methods and the Head Nurse. By CHARLOTTE A. AIKENS. Philadelphia and London: W. B. Saunders Co. Toronto: J. A. Carveth & Co.

The articles on "The Head Nurse" which appeared last year in THE CANADIAN NURSE, and were so much appreciated by our readers, are here republished, along with some seventeen chapters on training school methods. No one can write books on nursing as well as a nurse, and for this and many other reasons we heartily commend this book. It is a pioneer work, and it is characterized by practical ideas which have been worked out in wards and training schools work in different hospitals. All who are interested in hospitals and nursing should at once possess themselves of this book, which is the outcome of Miss Aikens' long and varied experience.

Maternity Nurses' Guide. By GERTRUDE C. MARKS. London: Bailliere, Tindall & Cox.

This is a convenient little book, intended as a pocket book of reference or daily guide for maternity nurses. The author was formerly connected with Queen Charlotte's Hospital, and holds certificates from the London Obstetrical Society and the Central Midwives' Board.

Obstetric Nursing. By W. REYNOLDS WILSON. Philadelphia and London: The W. B. Saunders Co. Toronto: J. A. Carveth & Co. \$1.75.

This reference hand-book of obstetric nursing is intended chiefly for nurses who have made obstetric nursing more or less of a specialty. The author is visiting physician to the Philadelphia Lying-in Charity, and has prepared a book on this subject at once complete and practical.

THERE is a Resting Room and a Retiring Room in connection with the Women's Banking Office, at the Crown Bank of Canada, 34 King Street West, Toronto. A hearty invitation is extended to members of the nurses' profession all over Canada to make use of these rooms, both for themselves and for their friends or patients who may be passing through the city.



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The Canadian Nurse

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TORONTO, MARCH, 1908.

No. 3

VISITING NURSING.

Those of us who have been so fortunate as to have had it, sincerely hope that Visiting Nursing as a regular part of the training has come to stay, and as a branch of the profession it certainly seems to open up a great field of usefulness to those nurses who either do not care, or are not fitted for, private nursing or institutional work. The benefits derived from this course, by the nurse in training, are of very great value, as even those who do not care for it must admit.

From the point of view of health alone it is of tremendous benefit. There are very few nurses who, in their hours off duty, feel energetic enough to go out, simply for the sake of getting fresh air and a change of scene, and yet those things are what nurses need to keep them sane! Generally the only desire is to get head down and feet up, and rest, before going back to work.

But the Visiting Nurse has, of necessity, to be out of doors a great deal, and every day. Though to economize time a generous amount of car fare is allowed, there are always the long blocks, especially in the upper East, where there are so few cross-town lines, where a nurse must perforce do a great deal of walking. And there is abundance of fresh air in New York, even on the East side, except on the, fortunately, rare occasions, when the ash men go on strike! There was one unspeakable week last June when the lower East side tried our powers of endurance to the limit, and yet it was interesting to discover how many different varieties of smells there could be in existence at one time, and each one worse than the last. But it is the exception rather than the rule to meet with any but fresh air on the upper East side. The exception is Monday morning!

The stairs are, of course, the bug-bear of our existence, and we sometimes wonder if the risk we run in nursing patients with pulmonary tuberculosis is not very great. We climb up four or five flights of stairs, then gasp, rather than breathe, in the infected air in our patients' rooms. But none of us appear any the worse for it. And it is possible, of course, though not

probable, that our talks on hygiene have borne fruit and that the air is not so very bad after all!

Sometimes it seems to us that all our patients live as near the sky as possible, and the dark, narrow, evil-smelling stairs are certainly a sore trial, though not so much so as the almost inevitable tenement cat! It is always wise to poke an inquisitive toe into the darkest corner of the darkest flight of stairs, and often one is rewarded by an ear-splitting "moew!" But that is better than a prolonged song-cycle when one steps carelessly and forcibly on poor puss!

We are, of course, dead tired after a day's work, but it is the kind of tiredness that induces sleep, instead of banishing it, as the tiredness earned in the wards so often does. And the fact that the Visiting Nurses are often asked if they have been on their vacation testifies to its being a healthy life.

Then there is undoubtedly a stimulating effect on the mind, in doing a work so entirely different from the routine work in the hospital. This course comes generally well on in the third year, when we have come to the point that makes us wonder if the course is not unnecessarily long. We are too tired to study, we know the routine work, and we are restlessly longing to get out of harness. So we welcome the Visiting Nursing as a blessed relief from monotony.

The chance to study human nature with all barriers down, the condition of the people, and the social and economic side of their lives in the crowded East side tenements, is one for which every nurse should feel grateful. We have, of course, an opportunity for studying character in the wards, but with most of the individuality lacking. Patients in the public wards are very much alike, or, if they show any marked eccentricities, they are generally of a most trying nature. But in their homes, where they are not obliged to conform to any rules, they can be their natural selves, whether pleasant or the reverse.

It is curious to see how the habit of obeying those in authority will cling to those who have been patients in a hospital. One old man we used to visit had spent some months in a hospital, but had come home to die, and he certainly did his utmost to make his family long for his demise! He was quite the most unamiable person it would be possible to imagine. His favourite diversion was the hurling of cups and saucers, knives, forks, and spoons, and such portions of his meals as did not take his fancy, at his long-suffering family, and his command of German profanity was awe-inspiring. Except for the latter accomplishment, he was rather like the Duchess' peppery cook in Alice in Wonderland. Indeed, the whole menage reminded us of that delightful book! The Hatter's tea-party was duplicated here! It did not matter at what hour we made our visits, there was always a meal in progress. Never did we behold the beginnings or end-

ings, but always the half-finished repast. The little old wife looked rather like the Dormouse, and was quite as mad as the March Hare, and as delightfully inconsequent. But the old man, violent as he was with his family, was absolutely lamblike with us, and even went so far as to thank us for our care, though sometimes we were obliged to hurt him quite badly.

It is most interesting to learn how these people manage or mismanage with so very little to live on. The contrast between the ways of two women we visited was extraordinary. One was a young woman with two children, who had complained at the Dispensary that she could not afford to buy milk for the children, one of whom was not very well. She was found entertaining a friend at tea—such a table—dressed in the most slovenly way, and the whole place dirty and untidy. She sullenly admitted that her husband was working and was getting ten or twelve dollars a week, but she didn't see why she couldn't get free milk as well as anyone else!

The other was a little German widow with three charming little girls, one of whom was quite ill. She had been a governess and belonged to very good people in Germany, but had cut herself off from them by her marriage to a man of whom they did not approve. She was, however, very happy, and when he died was too loyal to his memory to ask her people for assistance. He had left her a sum which brought her in six dollars a week, and she rented one room and made a little money by sewing, though, as she was not experienced, she did not make very much. But her rooms were the picture of neatness, as she herself and her children were, and the children looked as though they always had plenty to eat.

On one occasion we found a budding genius, who may perhaps make his adopted country very proud of him. His people were Bohemians, the mother a widow, who did washing for a living and also janitress work. The boy was only thirteen, and had had no instruction whatever in drawing or painting, but he did large canvases in oils and also painted in water colours and did wood carving. And while, of course, his work was very faulty and crude, it showed wonderful promise, and if he gets a chance to develop and some encouragement, he should make a name for himself some day. He used to sell his pictures to the neighbours, a small one for seventy-five cents, and a large one for a dollar and a half, quite irrespective of their relative merits!

There is a very entertaining side to this work to one who has a sense of humour, a quality which few nurses lack, else how could they ever stick to it if they did?

We all delighted in the cheerful old lady, with the short, sandy locks, that must always be tied with a bright-coloured ribbon!—who, besides having a fondness for personal adornment, possessed an inordinate craving for cold fish cakes, and pork

and beans. Her most trying peculiarity was her love for disreputable cats.

And there was a delightful old coloured woman, with an extraordinary family, though the only one we ever saw was the baby, who screamed every time we looked at her. The mother explained that she didn't like white faces. It seemed a curious lack of taste! The mother was over fifty, the baby a year old, and the husband twenty-seven. When she was asked if she had any other children, she laughed the fattest laugh, and exclaimed: "Laws, sakes, honey, yes, I have! My eldest daughter is thirty-five and her son is twenty, and his baby is over two years old!" One day we found the door locked on a madly-shrieking infant, and after hunting up the mother and expostulating with her about her neglect, she calmly assured us that it was not her baby, but a foundling she was boarding—and so it was! Her baby was contentedly chewing his finger while the little black stranger was simply bursting with grief!

But there is also a tragic side to this work, and the misery and worry and trouble when there is death in the family is a revelation, and a sad one. There was a nice Irish woman, whose daughter—such a pretty girl—was dying of tuberculosis, who was too poor to afford the services of a doctor, who asked us how she could avoid having a coroner's inquest when her daughter died! And also how she could get the insurance, as she had not enough money to pay the funeral expenses. The dread of an inquest was adding just as much bitterness to her sorrow. We, of course, called on one of our doctors, who managed everything for the mother without any charge whatever. Too much cannot be said in praise of the doctors—(and there are many)—who are ready to spend time and effort on behalf of those who can make no return.

It is curious how much melancholy satisfaction those people take out of a fine funeral. There was one poor little woman we visited, who lived in the extreme of hopeless squalor and misery, with a young son who was too crushed in spirit to take any interest in anything. She died of heart disease, but she looked as though she had been starved to death. The tales of a heartless sister who was rolling in wealth we discounted, until, when the woman at length died, we found the sister, fat and prosperous-looking, dressed in deep mourning, arranging the details of a grand funeral. The contrast between the poor little starved-looking woman, in her elaborate coffin, and the sister, was very striking.

The actual nursing part of the work teaches us a tremendous amount. In the hospital there is very little scope for originality, which is perhaps as well for the hospital, though not for the nurse! But in Visiting Nursing we are thrown on our own responsibility to a great extent, and we are expected to use

our own heads instead of appealing to some one in authority in all emergencies, as we do in the hospital. To a great extent we have to face the exigencies we meet with in private nursing, and for which, it must be confessed, the hospital training does not always fit us. It certainly seems as though the course of Visiting Nursing must of necessity be a great asset to any woman who aspires to become an all-round, well-trained, competent nurse.

A. E. B.

THE PATIENT'S ROOM.

“Sleep sweet within this quiet room,
O thou, whoe’er thou art;
And let no mournful yesterday
Disturb thy peaceful heart.
Nor let to-morrow scare thy rest
With dreams of coming ill;
Thy Maker is thy changeless friend,
His love surrounds thee still.
Forget thyself and all the world,
Put out each feverish light,
The stars are watching overhead—
Sleep sweet. Good night! Good night!”

Strange, perchance, you think, to consider such lines appropriate for a sick room. Look at them again; read them over carefully. Do we not find included in them that which is most essential in so far as a patient’s requirements personally are concerned? Do they not breathe a benign influence which you strive much and often and persistently to obtain in any sick room? Let us linger over them a few moments.

Sleep.—“Nature’s sweet restorer” is justly given the first place and the last place—the beginning and the end. We think of nothing craved and fought for more than this. You have fought for it, you have seen the craving for it, and you have seen the havoc played when it was not found. You know the conditions all too well. Need we make further comment upon it?

“This quiet room.” Pause here for a moment. Now, let the restfulness of this whole line sink into your soul, then take a step farther. What do we find? Upon the distressing cares of yesterday the door is closed—the ills of to-morrow knock in vain for admission—and for to-day—“put out each feverish light.” Nothing from without is allowed to disturb the rest, which is such an important factor during sickness and convalescence. One more step—“Heaven watching over all.” Surely we feel stealing over us an indescribable sense of rest and peace, to which it were well for us to aspire in the sick room, and until

we realize fully the necessity for such a condition, much, very much, of our other work as nurses must be in vain. Perhaps you have the head of the household under your care. Remember, so long as there is any access to her, she will have to shoulder all the cares and worries which fall to the lot of such an one. Be firm in keeping all this away from her. The room is your domain. Make it a fitting ground for the rest of your work, and you have accomplished much. Leave this out of your consideration, and your own battle with disease, as well as your patient's, will be a longer and a harder struggle.

Bearing all this in mind, you will naturally choose your room as far away from the noise of the household as is possible. Of sunshine, you require a very goodly share. Your patient's life is in that room, and that life, for the time being, is robbed of much, sometimes all, of its brightness. Let Heaven's sunshine in; it will bring with it healing for body and mind. Needless to say, we speak not of certain diseases, in which the darkness must be part of the treatment; these you know of. Do not forget that your window has another purpose in life beside the admission of light. Only half its mission is fulfilled if you do not allow it to bring you all the pure air essential, and see well to it that your needs in this direction are supplied.

One word of caution: In choosing your room, do not overlook the walls. You have seen papers the designs of which seemed to challenge your eye the moment it rested upon them, and you immediately tried to follow the various convolutions, and reduce them to some sort of system, and to no purpose. You begin again, and yet again; the result is the same, till the mind is in a state of feverish unrest, and that paper becomes a perfect nightmare. Shun these. Walls restful to the eye are invaluable; others a constant source of discomfort, to say the least of it.

As to the arrangement of the room: Change only where change is necessary. In all probability it has been arranged by your patient, consequently it pleases her. Let it stay as she has chosen to have it, if you can, with her own little belongings in their accustomed place; it will give her pleasure. On the other hand, some changes may be absolutely necessary. If any opposition, a little judicious management will overcome this; and do not make the change until you have obtained consent. This may seem hardly worthy of consideration, but it must not be thought too trivial a matter; it often means more than we can comprehend to certain individuals.

Medicine bottles and everything of a like nature should be in evidence only as is imperative. But in your arrangement of the room, study the work to be done, planning it all so as to be able to accomplish your work with as little disturbance to the patient and the room as can be.

In placing the bed, the principal things to remember, aside

from the general ones already spoken of, are to have it so that there will be no draught from the window, and that the light may not shine directly in the eyes of the occupant. One word as to the appearance of the bed: Have your linen immaculate, but not to the oblivion of your patient's purse. Laundry, in many cases, is a consideration, and each fresh piece used may be a source of worry. Small worry, mayhap, you will say, but, remember, sickness makes mountains of molehills. This may be a molehill, and it may be a mountain. Anybody can keep a bed looking well with plenty of linen at command, but not everybody can do so with a moderate supply.

Flowers.—What shall we say of these beautiful little messengers? Messengers which can come to us without intrusion in sorrow or joy, in sickness or health, which carry our messages where we cannot go, and stay to help over the rough places where we are not permitted to enter. As they knock at the door of our room for admission, shall we turn them away? We say unhesitatingly, never, under any consideration other than the wish of your patient. They come from the outside world with a message, perhaps only of remembrance; shall we refuse to give that thought a place in the secluded life under our care? With all their beauty and brightness, they bring a message of cheer; give them a warm welcome; make room for them; treat them kindly always, never make them a source of regret at any time; daily care well for them, leaving nothing that speaks of decay; changing the water regularly, so that there may be no heavy odour, and in order, likewise, to prolong their little life. Do not leave them in the room during the night, and when you have freshened them up in the morning, as you return them to the room they will be a new source of joy.

Now, a word as to the care of the room, and we have done. Undertake that yourself. Except in very occasional cases it will be infinitely preferable. Every day remove all surplus dust, and do not allow it to accumulate until the removal will choke your patient with the abundance of it flying in the air in the taking away. If the care of the room is left to anyone other than yourself, this is likely to happen. Besides this, in doing it yourself you can suit the time for it to the other conditions in your room and to your work, without inconvenience to anybody. Hospital training must have taught you the importance of keeping everything free from dust where there is disease. Bring this teaching into your private room; keep it spotless. A well-kept room speaks of a well-cared-for patient, and an untidy, dirty room at once makes one skeptical as to the care the patient is receiving.

And so we leave you with the wish that in caring for your room thus, the rest it brings your patient, as a result, may lead you many times to reap the benefit of it in experiencing for yourself

the meaning of the sentiment expressed in the latter part of the lines we quoted at the outset:—

“ Forget thyself, and all the world;
Put out each feverish light;
The stars are watching overhead—
Sleep sweet. Good night! Good night!”

N. GILMOUR.

Royal Victoria Hospital, Montreal.

SURGICAL NURSING.

One of our best nursing journals at the other side of the world, *The Australasian Nurses' Journal*, publishes the questions in Surgical Nursing set at the last Examination for Membership in the Australasian Trained Nurses' Association, together with the best answers, forwarded to *The Journal* by the examiner, with comments thereon, as follows:

1. Mention the dangers following tracheotomy, and how would you endeavor to prevent or combat them?

1. (1) Suffocation through the tube getting blocked with false membrane. Keep the tube well cleaned by feathering; if the membrane is still there take the inner tube out and use the feather. (2) The patient may cough out the tube. Watch carefully, and if this occurs place hooks in the opening, and keep there till surgeon arrives. The same applies if patient pulls tube out. Keep hands tied down so that they cannot do that. (3) Any sudden exertion or excitement of the patient may cause heart failure, and on no account allow patient to sit up, as the strain on the heart is very severe. (4) Watch for albumen in the urine, as the patient may have nephritis. (5) Paralysis may occur—general, or of the soft palate, or vocal cords only. Watch for movement in parts, and see if any part is becoming affected, and report to doctor; if the soft palate is affected you will be able to tell in the way the patient takes nourishment. The patient may get pneumonia; keep warm, avoid any draughts; watch carefully any signs; see how they are breathing; if they have recession. Keep under a steam tent; give oxygen if breathing is getting bad. Carefully watch pulse, as it changes so very quickly, and, if necessary, give a hypodermic injection of strychnine; if a child, m. iii. (p.e. strength), if an adult m. iii. to v. (full strength), and watch carefully patient's color. If they are becoming cyanosed and struggling for breath, take out the inner tube and use the feather. The most essential thing is to keep the tube clear of membrane by feathering; at the same time don't use the feather too often unless necessary, as it sometimes distresses the patient.

(This question is well answered so far as the Nurse has gone. She has presupposed that tracheotomy is done for diphtheritic obstruction only, omitting to mention a simple tracheotomy for a tongue or jaw operation. She omits to mention the complication of hæmorrhage.)

2. Describe the preparation for application of plaster of Paris bandage in a case of fracture of upper end of femur.

2. Preparation for application of plaster of Paris bandage in case of fracture of upper end of femur.—Nurse should have ready: Large board, with basin on; ordinary roller bandages to cover thigh before application; plaster of Paris, in tin; bandages previously rolled in plaster; jug containing water; large spoon; strips of tin to strengthen plaster splint; sheets of paper to prevent soiling of bed; sugar or salt to help in removing plaster from the hands; apron for the doctor; the patient's bedclothes and own clothing suitably arranged to prevent undue exposure. When sun is considered insufficient to dry plaster, have hot tins ready filled to be placed in the bed to assist the drying.

(Few grasped the point in this question, viz., that beyond the ordinary requisites for plaster application, strips of tin would be necessary to strengthen the plaster, also a hernia block or sandbag to support the pelvis. The Nurse in this case has omitted to mention a support for pelvis or any preparation of the parts, such as shaving or washing.)

3. Discuss the after-treatment of a case of perinæorrhaphy.

3. One of the most important points about the after-care of perinæorrhaphy is that the greatest care must be taken to keep the stitches dry and clean. If necessary to pass the catheter, place a swab of absorbent cotton to prevent even a drop of urine getting near the dressing; also when the bowels act, patient must be properly cleansed afterwards, and clean dressing placed on the wound. All strain must be avoided; a pillow placed under the knees, and the knees tied together. If vomiting occurs, the Nurse must support part with her hand; the patient must be kept perfectly quiet, and bowels must not become constipated, as that will cause much strain on the part. The catheter must be passed if necessary.

(This is a good example of a clear, brief answer. The Nurse, perhaps, goes too far in stating that the bowels should be kept free, but she very wisely gives a reason for her action.)

4. In the after care of an abdominal section, what are the most important points to be noted by the Nurse in the first 48 hours?

4. In the after care of an abdominal section, the most important points to be noted by the Nurse are:—Pulse, if weak, quick and running, may denote hæmorrhage; if slow and irregular, may denote collapse. Respirations, whether shallow, sighing or quickened; temperature, if low or raised. If patient complains of pain in abdomen; if vomiting is severe and continuous; if patient passes flatus. Color of patient, whether flushed or pale, or if sweating or

not. Notice any abdominal distension. Watch bandages for signs of hemorrhage. How often patient passes urine, and in what quantities; note anything abnormal about it. State result of aperient or enema. That the bedclothes are not weighing heavily on abdomen. Note the temperature of the room, and keep at about 60 degrees F. How patient takes nourishment, whether willingly or otherwise, and if restless. Note if patient is warm and comfortable. How much sleep patient has. Notice the effect of drugs that have been ordered. Care to be taken that the patient is not at any time in a draught; that the patient is in the dorsal position and does not toss about.

(This answer is short and to the point. Many said too much, going into the whole of the after-treatment of a section case. The question was:—What are the most important points to be noted by the Nurse?)

5. Give details of one method of washing out the bladder in an adult female patient.

5. Washing out the bladder should be done aseptically, therefore all bowls, dressing cloths, etc., and the Nurses' hands should be sterile. A piece of rubber tubing, to one end of which is attached a glass catheter and to the other a small glass funnel, may be used. There will be needed a bowl of lotion and swabs for swabbing up the external genitals, a receiver for soiled lotion, a glass measure containing boracic or the particular lotion ordered, and the usual dressing towels. Cover patient's legs and pubes with sterile cloths; after swabbing up external parts, the Nurse's hands should be again washed in weak lysol. The catheter should be lubricated with sterile vaseline—passed and the bladder emptied. Then the lotion should be poured slowly in until patient cannot bear any more; the funnel should then be lowered, and the lotion allowed to run back into receiver. This should be repeated until lotion returns clear. Measure lotion before and after washing out process. Swab up orifice of urethra when finished. Temperature of lotion about 98 to 100 degrees F.

(This question was almost uniformly well answered. The Nurse in this particular case has omitted to mention the removal of the sterilized cloths from the patient, and the making of her bedclothes comfortable—a small error of omission only.)

A SHORT COURSE ON HOSPITAL METHODS.

For some time past the feeling has been growing among hospital workers in different parts of America, that a short course dealing with hospital methods—something that would not mean the abandonment of a hospital position to secure, would be of great value to hospital superintendents, principals of training

schools and head nurses, in broadening their knowledge of their special occupation.

This need was expressed in a paper read by Miss Sheppard at the September meeting of the Canadian Society of Superintendents of Training Schools, and almost at the same time in a petition presented to the American Hospital at its convention in Chicago.

It is hoped that the subject may be more fully discussed at the next meeting of the American Hospital Association in Toronto, in September, 1908. It has therefore seemed wise to present some plans that have been suggested for such a school, for the consideration of the readers of the CANADIAN NURSE who are interested in the subject.

It has seemed to me that a summer school, such as workers in other fields have enjoyed for years, might be conducted (perhaps for only ten days, or two weeks at first), along the following lines: It might be divided into five sections. One section would deal with hospital architecture, equipment, etc., and with the organization of the hospital in its different departments, obligations of trustees, functions of committees, superintendent's duties, methods of purchasing stock supplies, such as coal, laundry supplies, surgical goods, etc., and the accounting for the same. Some phases of this department could be selected for special emphasis each year.

This section might also include hospital bookkeeping and the general economics of administration. It is believed that hospital superintendents and trustees of newer hospitals, especially, would profit by such a course.

Another section might deal with training school government, organization of nurses in wards and operating rooms, duties of head nurses, methods of teaching, bookkeeping for training schools, etc.

Another might deal with hospital housekeeping, purchase and management of domestic supplies, management of kitchen and laundry, dietaries, etc.

Another might deal with clinical methods, those newer methods that have found favor, and given good results along medical, surgical, obstetrical, dietetic, orthopedic, and other lines of hospital work. This would be particularly for the benefit of workers in hospitals away from medical centers. It is thought that a series of demonstrations of practical methods combined with lectures, given in one or several hospitals, would be eagerly welcomed by many who are not sure they know it all, though they have been in hospital work for years.

Whether such a school would best be held at some summer resort where recreation could be combined with education, or whether it might more wisely be arranged for educational purposes alone to precede the annual convention of the American Hospital Association, are points to be thought about.

A recent letter from a Canadian Superintendent who attended

the Chicago meeting favors the latter course. In fact, quite a number have expressed themselves as in favor of the latter plan.

This is a movement that will benefit particularly the workers in small and medium-sized hospitals. These hospitals do not have expert trained heads of every department and the Superintendents and Head Nurses in such institutions need a broad education, need to be well versed in all departments of hospital work. The Superintendents of large hospitals, with a full corps of expert assistants, do not specially feel the need of such a course, though some of them have said they would gladly take advantage of it. If this summer course on hospital methods is to become a fact, as many hope in the near future, it means that the representatives of the small and medium-sized hospitals must talk it up, work for it, and make their desires known. If this is done persistently, it will surely come.

CHARLOTTE A. AIKENS.

Clinical Department

THE CARE OF THE HANDS.

Of the many aspects of personal hygiene, none demands more emphasis where nurses are concerned, than the care of the hands. Some nurses are extremely careful about the care of their heads and feet, and exceedingly careless regarding the care of the hands.

A physician is responsible for the statement that he believed three out of every four cases of typhoid fever contracted while nursing such patients, could be traced to infection carried by the hands. He believed that a great many nurses were not sufficiently careful to observe due precaution in hand scrubbing and hand disinfection after personal attentions to the patient.

Are all superintendents as careful as they ought to be in warning nurses of these dangers? Are they always careful to give clear, practical, pointed, instruction regarding the dangers and methods of prevention, before putting nurses on duty in the wards? Are nurses as careful as they ought to be in observing precautionary measures they know should be observed for their own safety as well as the safety of others concerned. To be heedless in the midst of danger is no sign either of heroism or of common sense. Does not much of the illness that occurs among nurses in training occur from purely preventible causes? Many pupil nurses exhibit no more sense regarding their own health than might be expected from a child of ten years. They know better. They can talk learnedly to other people about what they should do, but they, in many cases, utterly fail to practice what they preach.

A superintendent passing through a ward observed a nurse, one who was about to graduate in a few months, about to remove a vaginal packing and give a douche. The case was cancer of the uterus; the packing was filthy, odorous, and dangerous, and the nurse knew it. It was only by chance, a few minutes later, that the superintendent discovered her removing this packing with her unprotected fingers, because "the thumb forceps had been sterilized to handle clean dressings." Why will nurses do such things?

Infected fingers are all too common among nurses. Suffering occurs, time is lost, and the work embarrassed, many, many times, simply because a nurse was careless enough, or slovenly enough, or foolhardy enough, (it seems to be a mixture of all three elements) to handle pus dressings with her fingers instead of with her forceps. However many pairs of forceps a hospital may provide for ward dressings, every nurse needs her very own forceps, which she should carry with her all the time she is on duty. She needs these forceps from the first day she begins to take care of a patient. No nurse can afford to run the risk of handling infected dressings with her fingers. It is a bad paying policy as well as bad nursing practice—one that stamps a nurse at once as either careless or badly trained.

For hand disinfection in nursing the infectious fevers, nothing is better than a lysol solution. A one per cent. solution will usually be sufficient. This can be quickly made anywhere, using one and a quarter drachms of lysol to each pint of water. For her own protection a nurse should carry a little bottle of this or some other disinfectant in her satchel, and keep a basin of hand solution for her own use in a convenient place. Lysol does not dry and harden the skin or discolor it as bichloride of mercury does, and is a good deodorant as well as being a disinfectant. In addition to keeping hand solution basins within convenient reach in hospitals, there should be in every hospital bathroom, especially during the cold weather, a bottle of some good hand lotion accessible to nurses. Each nurse on private duty should have her own hand lotion.

Operating room nurses need to give especial care to the hands, not only for their own protection, but for the protection of the patient. In a case of double inguinal hernia, which should have healed perfectly, both sides suppurated, and it looked, for a while, as though both operations would have to be done over again, so great was the suppuration. Every possible avenue by which infection might have reached the wounds was studied, and the verdict was finally rendered that as far as human judgment could discover or decide, the nurse's hands were the cause of the trouble. They were full of cracks and chaps, and so sore for lack of intelligent care of them, that thorough hand disinfection was impossible. She herself had made no complaint of the condition of her hands, and neither the superintendent nor surgeon had observed it. She meant to be careful, but she was not intelligently careful. She

may not have been entirely at fault. Her superintendent may have been partly to blame, but whoever was at fault the patient and the reputation of the hospital and the doctor all suffered.

If it is necessary for a nurse to go on duty in the operating room with her hands in that condition, rubber gloves should certainly be worn. Painting cracks in the hands over with collodion helps to prevent infection, but it is better to prevent the cracks if possible by proper daily care of the hands. A fissure on the finger should be protected by a rubber finger cot. Every private nurse should own her own supply of finger cots as well as her rubber gloves for use in surgical work or in handling septic cases. To use forceps for everything possible, instead of fingers, in handling dressings of all sorts, is a rule that a nurse cannot learn too early to put into practice. To wash the hands thoroughly before going to meals or taking food, is another equally important precaution to be taught and to be observed. Nails should be kept short. Hang nails often prove to be points of infection. These should always be regarded as dangerous in their possibilities, and should be closely cut and sealed over, or covered with a finger cot till the point has healed. This alone would prevent a great many infected fingers.

CHARLOTTE A. AIKENS.

HIS HONOUR THE LIEUTENANT-GOVERNOR presided at the ninth annual meeting of the Toronto branch of the Victorian Order of Nurses, which was held in the Council Chamber of the City Hall, Toronto, on February 12th.

The number of patients visited during the past year by the Victorian Order of Nurses was given in the yearly report of the Superintendent, Miss Evans, as 529. In visiting these patients the nurses had made 7,018 calls, an increase of 68 patients, and 102 calls over last year. The number of night visits was 294.

The number of doctors under whom the nurses work is 312, and it is worthy of note that out of 2,219 obstetrical cases nursed since the branch was started in Toronto, only two deaths have occurred. No case is refused on account of poverty, and the fee in some cases does not pay the nurse's car fare. The number of paying patients this year was 457, from whom the fees totalled \$1,825.05.

During the year three nurses have received appointments, namely, Miss Green, as district nurse in London; Miss Wallace, as district nurse in Hamilton, and Miss MacPherson, as district nurse in St. John, N.B. These nurses bridge a space between the graduate nurse, at eighteen to twenty dollars a week, and the nurses to care for the poor, as their services are available at full value for a short time for those who can and are willing to pay in full, but who do not need a nurse all the time. They also look after those who can only pay in part. All are trained, graduate nurses, who have given themselves up to this work.



DURING the month of December the V. O. has cared for 1,073 patients, 790 of these have been new cases, 5,705 visits have been made by our district nurses.

Two new districts have been opened, the first in Fernie, B.C. Miss Andrews, who has been in the V. O. district work in Vancouver, has been sent to start this work.

The second is in Stratford, Ont. Miss Fyfe, who has been in the Swan River Hospital for some years, as Miss Momsey's assistant, has been sent to build up this district.

We hope that such signs of growth in the Order are ground for rejoicing to us all. And we wish these nurses every good fortune in their new posts, and counsel them to have patience, if the work comes in slowly at first.

VICTORIAN HOSPITAL, ALMONTE.—A new hospital has just been erected to take the place of the building which has been serving that purpose in a very limited way for some time past. Excellent accommodation is provided in the new building, and it is to be fully equipped for the work of caring for the sick. The hospital will stand as a monument to the philanthropic spirit of Mr. B. Rosamond, by whose generosity it has been built.

A POST-GRADUATE course in District Nursing will be given in the Home of the Victorian Order of Nurses, Ottawa. Apply to the Chief Lady Superintendent, 578 Somerset Street, Ottawa. Also a post-graduate course, with special instruction in Midwifery given at the cases, by an experienced obstetrical nurse. Apply, the Superintendent, 206 Spadina Avenue, Toronto.

The
Guild of



Saint
Barnabas

"Je le pansay ; Dieu le guarit." [I tended him ; God healed him.]

—*Ambroise Paré.*

The tenth annual meeting of the Montreal Branch of the Guild was held on Tuesday evening, Jan. 21st, when, in spite of bad weather, there was a large attendance of members and friends. The minutes of the last annual meeting were read, and the reports of the Secretary and Treasurer submitted. During the past year three nurses have been admitted into the Guild as Associates, and five have become full members. Five new hon. members have been enrolled, and the Rev. J. M. Almond, rector of Trinity Church, has joined the Guild as a Priest Associate. Two members and one Associate have severed their connection with the branch on account of removal from Canada, while one member, Miss Hardisty (R. V. H.) passed away after a long illness on Sept. 21st. The number of members now on the roll is 51, besides 3 Associates and 13 Hon. Members. Of these 31 members and 2 Associates are in Montreal and its neighborhood, while the rest are scattered over Canada, from British Columbia to Cape Breton, and in various parts of the United States.

During the year 7 evening and 8 afternoon meetings have been held, besides the Festival Meeting and a Special Meeting at the time of Miss Wood's visit here. At these regular meetings the average attendance has been 13.5 at the afternoon meetings and 19.4 in the evenings. The special meeting in June, and the regular evening meeting in November were held by kind invitation of Miss Livingston in the Montreal General Hospital, and were much enjoyed by all present, as indeed these hospital meetings always are. Mention was made in the report of Miss Wood's visit and also of the work done by the members for the V. O. last Lent, but as these matters have already been referred to in the CANADIAN NURSE it is needless to say more at present.

(Continued on page 144.)

My Scallop-Shell of Quiet

*GIVE me my scallop-shell of quiet,
My staff of faith to walk upon,
My scrip of joy, immortal diet,
My bottle of salvation,
My gown of glory, hope's true gage;
And thus I'll take my pilgrimage.*

*Blood must be my body's balmer;
No other balm will there be given;
Whilst my soul like quiet palmer
Travelleth toward the land of Heaven;
My soul will be a-dry before,
But, after, it will thirst no more.*

—Sir Walter Raleigh.

THY LIFE.

And doubtless unto thee is given
A life that bears immortal fruit,
In such great offices as suit
The full-grown energies of Heaven.

—Tennyson.

THE MODERN KNOWLEDGE AND THE ANCIENT FAITH.

There is one other phase of Lord Kelvin's character that in these present days is particularly worthy of note. He, at least, did not find a thorough acquaintance with the deepest problems of science and a conviction of a first great cause, with its inevitable corollary of a future life for man, incompatible. Addressing medical students recently, he said: "Do not imagine that by any hocus pocus of electricity and viscous fluids you can make a living cell. You must never think of the living men and women and children, with whom you will have to deal in your daily work, as mere laboratory specimens, but as human beings. . . . Be not dazzled by imagining that because Berthelot and others have made foodstuffs they can make living things, or that there is any prospect that a process will be found in the laboratory for making a living thing, whether the minutest germ of bacteriology or anything smaller or greater. There is an absolute distinction between crystals and cells." And earlier, in his presidential address to the British Association for the Advancement of Science, in 1871: "It is also impossible to conceive either the beginning or continuance of life without an overruling creative power, and, therefore, no conclusions of dynamic science regarding the future condition of the earth can be held to give dispiriting views as to the destiny of the intelligent beings by which it is at present inhabited." We have gone somewhat out of our way, perhaps, to quote these words, not with a view to criticising those who have arrived at a different conclusion, but rather as a solace to those who are pained at discovering, as they think, an antagonism between the facts of science as they have now learned to know them and the verities of ancient faiths as they would wish to continue to believe them. It is certainly worthy of note that even in these latter days a man of science, of undeniable pre-eminence in the branches that more perhaps than others have led in many minds to this *impasse* between the modern knowledge and the ancient faith, finds in the place of contradiction a compelling unity.—The Journal A. M.A.

The Canadian Nurse

VOL. IV.

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No. 3.

Editorial.

GOOD ADVICE.

An English nurse who arrived at Halifax the other day and speedily made her way to Montreal, says of us in a contemporary: "As to Canadian nurses, to me they appeared very "keen," intensely loyal to their own training school, and very thoroughly trained. They are aiming at the highest possible standard, yet their buoyant belief in the perfection of their own hospital somewhat hinders their appreciation of any methods but their own. But it is quite possible that other countries and other hospitals may have a few ideas and methods which they would even do well to adopt!"

That is quite true. There are very few people who can take advice, but we hope Canadian nurses can and will.

A POST GRADUATE SUMMER SCHOOL.

An article by Miss Aikens on this subject in the present number will be found of interest and importance. It should be possible to organize such a course as that outlined with a fee of about \$10.00 attached, to last two weeks and to be very helpful and practical.

Now what do our readers say, especially those who are working in the hospitals of say twenty, fifty or one hundred beds, which do such good work all over Canada. Would you like it? Could you come in 1909? Do you think ten dollars a reasonable fee? Where would you like the "school" to be held? To make it a success, it is hoped that the Graduate Nurses' Associations, the Training School Superintendents' Associations and the Hospital Associations, both in the United States and Canada, would endorse it, and help to make it a success. Mr. John Ross Robertson and other prominent hospital authorities have expressed their willingness to co-operate. We shall be glad to receive letters on this subject at our readers' earliest convenience.

THE GRADUATE NURSES' ASSOCIATION OF ONTARIO.

The annual meeting of this important society will be held on Easter Saturday, April 18th, 1908. By the kind invitation of Miss Brent, both the session of the Executive Committee in the morning and the meeting of the Association itself at 2 o'clock in the afternoon will be held in the beautiful Maria Robertson Residence for Nurses of the Hospital for Sick Children, College Street, Toronto. Besides much important business, there will be an address on tuberculosis from Dr. Harold C. Parsons, Chief of the Tuberculosis Clinic at Toronto General Hospital, and two addresses on the work of "The Canadian Nurse," by Miss Morton, Superintendent of the General and Marine Hospital, Collingwood, and Miss Bella Crosby, President of the Toronto Nurses' Central Registry. The social part of the programme, to follow the business and addresses, is looked forward to by all. It is hoped that there will be a large meeting, that members will be punctual in their attendance, and that the meeting will surpass in profit, in interest, and in enjoyment, that of any previous year.

THE MAY FETE IN TORONTO.

We have much pleasure in announcing, at the request of the President and Directors of the Toronto Graduate Nurses' Club, that arrangements are already well advanced for the Fete, which it is hoped will almost, if not quite, provide the money for the much-needed and much-desired Nurses' Clubhouse for the profession in Toronto. With the inspiring example of Kingston, where the Ladies' Aid Society of the General Hospital, made a sum of nine thousand dollars, and the equally inspiring example of Ottawa, where the Anti-Tuberculosis Fete realized about fifteen thousand dollars, surely Toronto will "do herself proud" on this occasion. It is hoped that we may be able to secure permission to use one of the University buildings for the purpose, and the club now appeal to all the nurses and their friends everywhere to help, and to get to work at once to make the May Fete a grand success.

Among the booths will be: Candy, Fancy Work, Kitchen, Household, Flower, "My Lady Beautiful" (Toilet Articles and Preparation), Tea Room.

Among the special attractions are: Demonstrations in Home Nursing and "First Aid," Model Kitchen with Demonstrations in Cooking, Concerts, Private Theatricals, Lime Light Views, Fortune Telling.

The following are wanted: Pickles, Jams, Home-made Candy, Toilet Preparations, with recipes.

We hope all our readers in Toronto and elsewhere who are interested will take hold of the project at once and work hard for its success. Further particulars will appear in our next issue.

Editorial Notes.

GREAT BRITAIN.

A Great Public Meeting.—Friday, February 21st (just the day that this number passed through the press) will be Red Letter Day for British Nurses, because they will then hold a great Public Meeting in Caxton Hall, Westminster, London S. W., in support of the State Registration of Trained Nurses. The object of the meetings is both Educational (to educate the public), and Demonstrational (to show that nurses know what they want and will prevail to get it). Caxton Hall is a noble place. We were there this summer, and the CANADIAN NURSE would give much to be there again, to see, to hear, and to support when Lady Helen Munro Ferguson takes the chair.

Crimean Veterans.—Soldiers and nurses who were in the Crimea are not forgotten by Lord Roberts, who has organized a Veterans' Relief Fund. At the recent anniversary celebration a good many of the veterans came from the workhouse to take part, and everybody felt that was not right. Three nurses, at least, are living who once served under Miss Nightingale, and the nation wants them provided for. One of the three, Nurse Fagg, was told about the King honoring Miss Nightingale, and replied: "Nothing can be too good for her."

ENGLAND.

School Nurses.—The Durham County Council will appoint three school nurses at a salary of £150 a year, to assist the school physicians.

Catholic Nurses' Association.—Recent meetings of the Association at S. Gertrude's House in Manchester have been very profitable and successful, interesting addresses being given by Father Osmund Woods.

For Lonely Nurses.—The Pastor and Sisters of Bloomsbury Baptist Church will hold every Wednesday in the Bloomsbury Institute, 51 New Oxford Street, London, "At Homes for Nurses," where nurses, away from home and friends, may read, write, and talk to each other. There will be two hostesses present. This is Sister Dorothy's idea. She realized in a few months' training at Friedenheim, how lonely a nurse's life is and how busy—lonely and busy enough to make it easy to forget Spiritual things.

IRELAND.

Organization.—This was the title of an inspiring address delivered before the Ulster Branch of the Irish Nurses' Association by Mrs. Kildare Treacy. Lady Hermione Blackwood was in the chair, and the gathering was a very pleasant one. Mrs. Treacy's

concluding words are well worth quoting across the sea: "Surely ours is a noble profession, and one well worth fighting for. Mercy, pity, and love are the ascending steps of this ladder of our travail, and always with a humble consciousness that it is for the sake of Him who went about doing good."

SCOTLAND.

The Royal Infirmary, Glasgow.—Forty years ago, for the first time, a gathering of managers and nurses was held at the Royal Infirmary. This year the Lord Provost presided over the fortieth anniversary gathering, and spoke especially of the survivors who had been present at their gathering, including Nurse Kate Bell, who had been one of Lord Lister's assistants in his great work.

AUSTRALIA

The A. T. N. A.—A branch of the Australasian Trained Nurses' Association has been formed in West Australia. All the Australasian States are in line with the A. T. N. A. now except Tasmania.

SOUTH AFRICA

The Graves.—The Loyal Women's Guild of South Africa chose All Souls' Day on which to decorate the graves at the cemeteries in all the large garrison towns. By kind permission of the officers, the garrison bands were present and played the hymns, the Reveille, the Last Post, and Chopin's Funeral March. A number of army nurses were present.

AMERICA

The University of the State of New York.—The Regents have added a Committee of Nurses to their Advisory Council. This is a great step in advance, and a fine recognition of the nursing profession. The representatives are: Miss Goodrich, of Bellevue, New York; Mrs. Simpson, of Albany; Miss Jones, of Rochester; Miss Root, of Gloversville, all Superintendents, and Dr. W. L. Russell, of the State Lunacy Commission.

FRANCE

Army Nurses.—The British Medical Journal announces that an important change is about to be made in the nursing in the Military Hospital of Val-de-Grace, where for the first time an examination is to be held for female nurses to attend on the sick soldiers instead of male nurses as heretofore. The candidates must be preferably between the ages of 21 and 25 years, and possess a nursing diploma granted either by the Assistance Publique or other teaching body agreed to by the Minister of War. The probationers will receive £32 (800 francs) per annum.

HOLLAND

School Nurses.—Miss Annette J. Samkalden van de Cappellen, from Holland, will spend three months in London, by arrangements made through the kindness of Dr. James Kerr, Chief Medi-

cal Officer, and Miss Pearce, Superintendent of School Nurses, to the Education Committee of the London County Council. Miss Van de Capellen will study thoroughly the work of the School Nurses in London. Her visit is the direct outcome of interest aroused in this subject at the great Paris Conference.

EGYPT

Fifty Years Ago.—In Alexandria, just 50 years ago, three deaconesses from Kaiserswerth landed as nurses, sent by Pastor Fliedner in answer to a request of the German and British Consuls-General. There has been a German Hospital there ever since, and the anniversary was fully celebrated by a church service, a banquet, and the laying of the corner-stone of the new German Hospital.

SPAIN.

The King of Spain.—On his way home from England the King of Spain visited Tondou Hospital at Bordeaux and was very kind and agreeable. Visiting the wards, he spoke to the patients, accepted some flowers from a Spanish nurse for the Queen, and specially enquired for a Spanish patient. Before leaving, His Majesty asked the Superintendent, Miss Elston, if she were English, and, on receiving an affirmative reply, spoke to her in her native tongue, saying that he knew how high the standard of nursing was in England.

The Queen of Spain.—Accompanied by Princess Henry of Battemberg, the Queen of Spain paid a surprise visit to the Belgrave Children's Hospital during her recent sojourn in England. Her Majesty was specially interested in the Children's Ward, and told the nurses about her own baby.

Correspondence

THE EDITOR THE CANADIAN NURSE:—

DEAR MADAM,—There was very little sickness in Lloydminster till October, 1907, when a case of typhoid appeared, and the Ven. Archdeacon Lloyd's house was rented as a temporary hospital.

The two first patients were the typhoid, before mentioned, and a man with fractured leg and ribs, and from that time Lloydminster has felt the need of an hospital. From October, 1905, until September, 1907, there have been 150 patients; the work has been general; typhoid fever, 27, with two deaths. There have been six deaths altogether.

Lloydminster has been incorporated this year, and we hope next year to have a fair-sized hospital. This is the only one between Battleford and Vegreville, about 200 miles apart. We have nine beds. The hospital has been furnished by the exertions of the

Ladies' Hospital Aid Society. There are only three nurses in the town—a general nurse, a maternity nurse, and myself, the only one in the hospital, but there will be a nurse in training next month. There are three doctors now, one having settled here quite lately, all of whom attend their own patients here.

I think THE CANADIAN NURSE a most helpful paper. I am English trained. My training school is the Royal Hants County Hospital, Winchester. Hoping this is not too lengthy,

I am, yours very sincerely,

NURSE BEVERIDGE.

The Hospital, Lloydminster, Sask.

The Contributors' Club.

WHAT I LEARNED IN 1907.

ENEMATA.—When enemata causes a typhoid patient's temperature to rise, this ill-effect may be avoided by using weak soapsuds made of pure castile soap and boiled water, with the addition of sodae bicarb. 3ss. to each quart. Best results are obtained by administering this enema high.

OBSTETRICS.—A friend, who has long been noted for her skill in maternity work, uses in an ordinary obstetric case pure castile soap and boiled water for external cleansing.

MILK.—It is possible to procure fairly clean milk from a questionable dairy by sending a sterilized "self-sealer" under the cover of which has been tied a piece of sterilized cheesecloth, with instructions to have the milk drawn directly into the jar. Cheesecloth is removed by the milkman before the glass cover is replaced.

X. Y. Z.

To the Editor of THE CANADIAN NURSE.

DEAR MADAM,—I have just returned from Fernie, B.C., a pretty place, surrounded by mountains—Mount Hosmer, The Three Sisters or Trinity Mt., Mount Fernie, and The Lizard range, also some others that I did not hear named. At night the coke ovens throw quite an illumination, but the smoke from them is rather disagreeable. I went to Fernie to nurse a case of typhoid. The patient was in the third week when I got there. The temperature was running from 101 to 104 degrees, constant delirium, patient perspiring freely; had to change gown frequently; abdomen showed quite a lot of rose spots. After a few days body and limbs were covered with a bright red rash, which gradually turned darker, and then died away. On the fifteenth day after my arrival temperature became normal and delirium disappeared; but

patient seemed to remember all that he had tried to do and almost everything that he said while delirious. I would like to know if it is usual for a typhoid patient to perspire all through the illness, as this is my first case of that kind. E. P. M

Calgary, Alta., 1908.

[It is not at all unusual for a patient with typhoid to perspire freely, especially in the third and following weeks.—Ed.]

Official Department.

THE CANADIAN NURSE has the honor of publishing official information from:

Queen Alexandra's Imperial Military Nursing Service.

The Canadian Permanent Army Medical Service (Nursing Branch).

The Canadian Society of Superintendents of Training Schools for Nurses.

The Association of Hospital Superintendents of Canada.

The Canadian Nurses' Association.

The Manitoba Association of Graduate Nurses.

The Graduate Nurses' Association of Ontario.

The Victorian Order of Nurses.

The Guild of St. Barnabas for Nurses.

The Collingwood G. and M. Hospital Alumnæ Association.

The Calgary Graduate Nurses' Association.

The Edmonton Graduate Nurses' Association.

The Ottawa Graduate Nurses' Association.

The Fergus Royal Alexandra Hospital Alumnæ Association.

The Galt General Hospital Alumnæ Association.

The Guelph General Hospital Alumnæ Association.

The London Victoria Hospital Alumnæ Association.

The Kingston General Hospital Alumnæ Association.

The Montreal General Hospital Alumnæ Association.

The Montreal Royal Victoria Hospital Alumnæ Association.

The Ottawa Lady Stanley Institute Alumnæ Association.

The St. Catharines General and Marine Hospital Alumnæ Association.

The Toronto Central Registry of Nurses.

The Toronto General Hospital Alumnæ Association.

The Toronto Grace Hospital Alumnæ Association.

The Toronto Graduate Nurses' Club.

The Toronto Hospital for Sick Children Alumnæ Association.

The Toronto Riverdale Isolation Hospital Alumnæ Association.

The Toronto St. Michael's Hospital Alumnæ Association.

The Toronto Western Hospital Alumnæ Association.

The Winnipeg General Hospital Alumnæ Association.

The Vancouver Graduate Nurses' Association.

THE ALUMNÆ ASSOCIATION OF THE COLLINGWOOD
GENERAL AND MARINE HOSPITAL TRAINING
SCHOOL FOR NURSES.

Officers, 1907-8: President, Miss J. E. Carr; 1st Vice-President, Miss M. M. Redmond; 2nd Vice-President, Miss M. E. Knox; Secretary, Miss A. I. F. Morton; Assistant Secretary, Mrs. Isabel McBride; Treasurer, Miss J. Cottrill.

Sick Visiting Committee: Misses Dawson, Lord, and Moore.

The meetings are held on the first Thursday of the month at 3 p.m., in the Board Room of the hospital.

THE ALUMNÆ ASSOCIATION OF THE HOSPITAL FOR
SICK CHILDREN TRAINING SCHOOL FOR
NURSES, TORONTO.

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Meetings are held on the second Thursday of the month in the Nurses' Residence at 3.00 p.m.

TORONTO GENERAL HOSPITAL ALUMNÆ ASSOCIATION.

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Sherbourne St.; Programme, Miss Ida Beam, Selby St.; Social, Miss Younger; Look-out, Miss Baldwin; Press and Publication, Miss M. E. Christie, 19 Classic Ave.; Representative of the Central Registry Board, Miss B. Crosby and Miss Purdy; THE CANADIAN NURSE Representative, Miss Frieze.

QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

The following ladies have received appointments as Staff Nurses: Miss E. A. Williams, Miss K. M. Mathews, Miss G. H. Caulfeild, Miss H. M. B. Carter, Miss K. H. M. Holmes, Miss G. H. C. Paynter, Miss C. Webster.

POSTINGS AND TRANSFERS.

Matrons.—Miss E. A. Cox to M. Hp. Tidworth, from the M. Hp., Millbank, London.

Sisters.—Miss A. B. Wohlmann, to M. Hp., Tidworth, from Connaught Hp., Aldershot; Miss E. M. Lang, to M. Hp., Tidworth, from R. V. Hp., Netley; Miss M. E. M. Grierson, to the A. M. Hp., Millbank, London, from M. Hp., Portsmouth; Miss F. G. P. de Stourdza Zrinyi, to R. M. I., Dublin, from R. H. Hp., Woolwich.

Staff Nurses.—Miss V. L. Batteson, to M. Hp., Tidworth, from M. Hp., Hounslow; Miss C. A. Coat, to M. Hp., Tidworth, from The Q. A. M. Hp., Millbank, London; Miss C. W. Jones, to M. Hp., Tidworth, from The Q. A. M. Hp., Millbank, London; Miss C. V. S. Johnson, to M. Hp., Hounslow, from Cambridge Hp., Aldershot; Miss D. M. C. Michell, to The Q. A. M. Hp., Millbank, London, from M. Hp., Colchester; Miss M. Plaskitt, to The Q. A. M. Hp., Millbank, London, from R. H. Hp., Woolwich; Miss J. Murphy, to R. M. I., Dublin, from M. Hp., Colchester.

ON APPOINTMENT.

Miss G. Hughes, to R. V. Hp., Netley; Miss E. A. Williams, to R. H. Hp., Woolwich; Miss E. S. M. Forrester, to M. Hp., Colchester; Miss K. M. Proctor, to R. H. Hp., Woolwich; Miss A. E. M. Steen, to Cambridge Hp., Aldershot; Miss A. E. Allen, to M. Hp., Portsmouth; Miss G. H. Caulfeild, to Connaught Hp., Aldershot; Miss H. M. B. Carter, to R. H. Hp., Woolwich; Miss K. A. Broade, to M. Hp., Colchester; Miss C. Skinner, to R. M. I., Dublin; Miss C. R. Townend, to R. M. I., Dublin.

APPOINTMENTS CONFIRMED.

Staff Nurses.—Miss M. Willes, Miss E. M. Lovell, Miss F. Macpherson, Miss M. H. Smyth, Miss C. E. A. Harries, Miss A. P. Wilson, Miss C. M. MacRae.

C. H. KEER,

Matron-in-Chief, Q.A.I.M.N.S.

Hospital and Training School Department.

The Editorial Board beg to state that items for this Department will be welcome, and are published free of charge. Please send them at once, as soon as the events occur, addressed THE CANADIAN NURSE, Toronto, and they will be published as early as possible.

HAMILTON may soon have a Children's Hospital.

THE new Railway, Marine, and General Hospital at Port Arthur is nearly ready.

THE sum of \$10,000 has been given towards establishing a Children's Hospital at Halifax.

THE city of Regina has taken over the Regina Victoria Hospital, assuming its assets and liabilities.

A NEW hospital was opened at Parry Sound in November, with Mother Benedict, formerly of Peterborough, in charge.

FUNDS are being raised with which to establish a hospital at Orangeville. Several other towns in Ontario are moving in this way.

A NEW General Hospital at Selkirk, Manitoba, has been opened. It will accommodate 25 patients. There are two public wards, four private wards, and three semi-private wards.

OWING to the increased number of patients admitted during the past year, many of the hospitals of the province have been over-taxed and are greatly in need of more accommodation.

AT THE recent annual meeting of the trustees of the General and Marine Hospital, at St. Catharines, it was decided to take steps to raise \$75,000 for the erection of a new building for the hospital.

A MAGNIFICENT addition, costing nearly \$200,000, has lately been opened at the Misericordia Hospital, at Winnipeg. This increases the capacity of the hospital to three hundred, the former capacity being one hundred.

A LARGE addition, 61 x 33 feet, is being made to Victoria General Hospital, Renfrew, which, when completed, will practically make it a new building, with accommodation for forty-seven patients, and having all the modern equipment and requisites for such an institution.

A MEETING of the Alumnae Association of the Guelph General Hospital was held at the home of the President, Miss Leadley, on Wednesday afternoon, February 12th. A number of the members were attending to professional duties and unable to be present. Various business matters were discussed, after which tea was served.

A NEW operating table has been placed in the Sarnia Hospital, the gift of the Hon. W. J. Hanna.

GENERAL HOSPITAL, Sault Ste. Marie.—A new addition, 43 x 103, with a connecting part, 25 x 36, in which the lavatories are located, is nearing completion, and will supply much needed accommodation.

A NEW wing has been added to the General Hospital at Walkerton, and it has now all the required facilities for the care of medical or surgical cases. The County of Bruce is to be congratulated on having such an excellent and well-equipped hospital.

MUSKOKA FREE HOSPITAL FOR CONSUMPTIVES.—Among other improvements, a new administration building is being erected, which will be a much valued addition to this institution. A new residence for the Superintendent has also been added.

THE General Hospital, Niagara Falls; the General and Marine Hospital, Goderich; the General Hospital, Wingham, and the Lady Minto Hospital, New Liskeard, have recently been added to the list of public hospitals in Ontario entitled to share in the legislative grant.

THE annual theatre party for the nurses of the Royal Victoria Hospital, Montreal, given by the Governors, took place on the evening of the 17th January. After the theatre, supper was served in the dining-room of the Nurses' Home. The evening was thoroughly enjoyed by all the nurses.

MISS HERSEY (R.V.H.), who has been night superintendent of the Royal Victoria Hospital, Montreal, for the past year, is taking the position of second assistant superintendent, left vacant by Miss Cornell leaving to take charge of the Hospital in Flushing, L.I. Miss Jones, Head Nurse in the Woman's Surgical Ward, takes Miss Hersey's place as Night Superintendent.

THE St. Catharines General and Marine Hospital has just issued the twenty-sixth annual report for 1906-7. The receipts have been \$13,134.81 and the expenditure \$9,227.80. There is also an Endowment Fund of \$1,164.12, and a Building Fund of \$11,443.94. The available assets are \$16,348.44. With this good report and the generous gift of Mr. Wm. Cook of a fine site for a new hospital on Geneva Street, the prospects for the new hospital are excellent.

IN the recently published letters of Queen Victoria, there is one, dated January, 1856, written to Miss Nightingale, thanking her for her services in the Crimea, and telling her that the Queen had sent for her acceptance a brooch, bearing St. George's Cross in red enamel, with the Royal Cypher, and a crown in diamonds, and bearing the words "Crimea," and an inscription "Blessed are the Merciful." A note to the letter states that it was more a badge, but the Queen called it a brooch.

On March 6th, by kind permission of Mrs. Scott-Raff, the Toronto Chapter of the Graduate Nurses' Association of Ontario will meet in the studio of the Margaret Eaton School of Expression. An interesting programme has been prepared, in which Mrs. Scott-Raff, "Katharine Hale," and others will take part.

THE handsome addition made in 1907 to the Edmonton General Hospital by the Grey Nuns is almost complete. It will cost approximately \$120,000, and is a massive structure of brick, 110 by 54 feet, connected with the main building by corridors and galleries. Every up-to-date arrangement devised in the care of the sick is being incorporated into this building. It was designed by J. A. Senecal of St. Boniface. R. Percy Barnes is the supervising architect, and the Cannell-Spencer Company are building it.

OUTCLINIC FOR PULMONARY TUBERCULOSIS.—Miss Janet Neilson (a graduate of T. G. H.) has, for several months past, been in charge of the out-patient clinic for cases of pulmonary tuberculosis. A large number of cases have been treated at the clinic, and the attention of the nurse has been greatly appreciated by the patients and their families in their homes. Houses have been disinfecting where it was deemed necessary, and eggs and milk have been dispensed to the sufferers. Arrangements have been made with Dr. G. W. Ross of the Immunization Department, by which tuberculin is administered as routine treatment.

GRADUATION exercises were held at St. Joseph's Hospital, Chatham, on the evening of December 11th, on which occasion Miss Ella Ouellette, Chatham, and Miss Nellie McDonald, Courtright, received diplomas and medals. The lecture room was very artistically decorated in the school colors, yellow and white. A very good programme of instrumental and vocal music was rendered. Rev. Father Eusebius, O.S.F., presided as chairman. Others present were: Rev. Father Basil, Dr. J. P. Rutherford, Dr. W. Hall, Dr. Charteris, Dr. Bray, Dr. Sullivan, Dr. Mary Agar, all giving appropriate addresses. The graduates received many choice bouquets and gifts from their many friends.

THE Alumnae Association of the Western Hospital, Toronto, held their regular monthly meeting on Thursday, January 30th, Mrs. York, President, in the chair. This association is in a flourishing condition, having 28 members, including at least half of all the graduates of the Hospital. Among those present was Miss Woodland, the new Superintendent of the Hospital, who was given a warm welcome by the members, especially as she was accompanied by all the undergraduate nurses who could be spared from duty on the wards. Dr. Helen MacMurchy gave an address on "The Second International Congress of School Hygiene," held in London, August 5-10, 1907, after which Miss Woodland entertained all the nurses at tea.

On Friday, January 31st, the Toronto Graduate Nurses' Club held its first "At Home," in St. Stephen's Schoolhouse, the Board of Directors receiving and assisting at the tables. There were present more than a hundred nurses, representing many different hospitals, besides those in Toronto, among them, Belfast, Ireland; Manchester, England; Montreal, Quebec, Kingston, London, Baltimore, Philadelphia, Grand Rapids, New York, Cleveland. Miss Brent and Mrs. Paffard spoke of the need of a Nurses' Clubhouse in Toronto, and the President, Miss Bowerman, told of the arrangements being made for a Fete to be given in May to raise more funds for this purpose. An appeal was made to the nurses present for donations, help at the Fete, and for subscriptions for shares, to which a most liberal response was made, which augurs well for the success of the Fete. Among the Superintendents present were Miss Mathieson of the "Isolation," Miss Brent and Miss Kinder of "H.S.C.," Miss Patton and Miss Pickels of "Grace," Miss Woodland of the "Western," Miss Sawers and Miss Campbell of the "Orthopædic," Miss Hoyt of the Nursing Mission. All report having a good time and the pleasure obtained from meeting so many other nurses.

THE meeting of the Canadian Hospital Association will be held in the Parliament Buildings at Easter. Among the papers promised are: "How to Deal with Tuberculosis as a Special Problem," by Dr. W. J. Dobble, Superintendent of the Consumptive Sanitarium, Weston; "The Unfinished Business of General Hospitals," by Dr. S. S. Goldwater, Superintendent Mt. Sinai Hospital, New York, and President of the American Hospital Association (which association meets in Toronto in September next); "The Milk Supply," by Dr. Helen MacMurehy, editor CANADIAN NURSE; "Fumigation," by Dr. A. D. McIntyre, Superintendent of the General Hospital, Kingston; "Some Observations on European Psychiatric Hospitals," by Dr. C. K. Clarke, Superintendent Toronto Hospital for Insane; "The Hospital and the Public," by Del Sutton, editor of the *National Hospital Record*; "The Proper Length of the Period of Study for Nurses," by Dr. Henry Hurd, Superintendent of Johns Hopkins Hospital, Baltimore; "The Nursing of Incurable Patients," by Miss Gray, of the Toronto Hospital for Incurables. The Presidential address will be delivered by Miss Louise C. Brent, Superintendent of the Hospital for Sick Children, who will hold a reception to the delegates at the new Nurses' Residence on Easter Monday evening.

THE Christmas number of the *Edmonton Daily Bulletin* contains a handsome sketch of the Edmonton Public Hospital, which the city hopes to begin in the spring of 1908. The general plan is like that of the Royal Victoria Hospital, Montreal, and is the work of Mr. R. W. Lines, of Edmonton, who won the prize for the best design in competition with architects from Vancouver to

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Toronto. The plan provides for a hospital which when finished will be larger and more completely equipped than any other hospital in the west. It has been thought out in a broad spirit, and it will be a credit to the Edmonton of to-morrow as well as to-day. Work will be first started on the main hospital block and the smaller administration building which lies directly in front of it, a distinct building connected with it by corridors on each floor. The ground floor of this latter building is designed for administration purposes, and contains the business offices of the directors, the medical superintendent, the lady superintendent, the receiving-room, and consulting-room. The floor above will for a few years after the hospital's erection be used as quarters for over a score of nurses and their superintendent. Eventually these will be used as private wards, as one or other benevolent friend of the nursing profession will some day doubtless donate a Nurse's Home to the hospital. The present arrangement provides that the nurse when off duty shall be quite away from the atmosphere of her arduous work, yet is still conveniently near at hand. The hospital block, to which the two imposing wings are to be added as the need arises, is planned with every convenience that the development of modern architectural ideas and principles of hygiene can devise. In the basement are situated the servants' quarters, the kitchen, the orderlies' and janitor's rooms, and the array of larders, laundry, cellars, and store-rooms that are now deemed necessary for the proper menage of an up-to-date hospital. From here service elevators communicate with the diet kitchen on each floor, and linen chutes run down to the laundry. On the ground and first floor are situated the separate male and female medical and surgical wards and private wards. Each ward terminates with a solarium or sun-parlor and balcony. Here, too, a wide fire-escape will give easy exit to the patients in case of necessity. The hospital when complete will accommodate 300 patients. The third floor will be devoted to operating-rooms with their attendant suite of rooms for cleansing purposes, the anæsthetic room, and recovery room. The passenger-elevator extends from this last floor down to the basement where the ambulance has an entrance. The emergency operation room is a good-sized room. The arrangement of this floor is a feature of the hospital. It will be all white, with shining white walls and floor of some hard, non-porous germ-proof material, and fitted out with such equipment as modern science demands.

THE Northern Pacific Hospital, at Brainerd, Minnesota, U.S.A., are fortunate in having Miss Whitaker, a graduate of Toronto General Hospital, as the Superintendent, and her Alma Mater and her country are proud of Miss Whitaker and the good work she has done in the N. P. Hospital. The graduation exercises were held on January 18th, 1908, at which W. H. Gemmell, General Manager of the Minnesota and International R. R., ably presided, and Miss Whitaker presented her annual report. The training

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school is now six years old and has 16 pupil nurses and 13 graduates, two of whom are now superintendents of small hospitals, one in Washington and one in California, while two others are in the N. P. Hospital at Tacoma. The Elk Hall, where the ceremonies took place, was beautifully decorated and crowded with an interested audience. Dr. J. A. Quinn, who delivered the address, concluded as follows: "I congratulate you in having the opportunity to have been taught by Miss Whitaker, whom no superintendent of a training school for nurses in any hospital in this country excels, and very few equal, either in scientific knowledge, teaching ability, or attributes of womanly character. The success of her work is recognized and known to all connected with hospitals." The graduates were four in number, Misses Buchanan, Miles, Gaven and Rose.

MISS BESSEY, graduate of the G. G. H., is at present Acting Superintendent at the Berlin and Waterloo Hospital. Miss Shepard, the Superintendent, has obtained leave of absence for five months, and is taking a trip to the Continent.

THE resignation of Miss O'Neil, Superintendent of Guelph General Hospital, took effect on February 1st, and she left the city this week. Miss O'Neil, throughout her term of office, proved that she possessed excellent professional qualification and was a most indefatigable worker.

MISS A. C. SMITH, a graduate of the Kingston General Hospital, 1908, has been appointed Superintendent of Guelph General Hospital. She comes to the institution with very strong recommendations, including testimonials from many noted physicians and surgeons. Aside from her professional experience, her personal qualifications are such as promise capable all-around management. The hospital is to be congratulated on securing Miss Smith as its Superintendent.

AT the Poster Show, held in Orillia, for the benefit of the new Hospital, the articles on sale at the Red Cross Booth included a number of booklets containing instructions and recipes for invalid diet. The idea was not new, but the matter was gotten up specially (by the writer). The recipes given were: Beef, veal, or mutton broth, beef tea, chicken broth, oyster broth, chicken and egg broth, potato soup, cream of tomato soup, celery soup, toasted bread sticks for soup, milk toast, creamed toast, egg nogg, egg flip, albumenized lemonade, arrowroot gruel, junket, wine jelly, tapioca cream, white custard, and fruit water drinks. The matter was typewritten on notepaper, heavy art paper being used for covers. On middle of front cover was pasted a red cross cut from heavy paper, and above and below the cross the title was written in heavy gold ink. Leaves and cover were tied together with narrow red ribbon finished in a bow at back of cover. The booklets sold readily at twenty-five cents each—in fact, the demand could not be supplied.

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Personals.

THE Editorial Board beg to state that items for this Department will be welcome and are published free of charge. Please send them at once, as soon as the events occur, addressed to THE CANADIAN NURSE, Toronto, and they will be published as early as possible.

MISS FORREST, staff nurse in the surgical wing (W.G.H.), has gone home for a much-needed rest.

MISS RANDAL (R.V.H.), who went to California last fall, is now in charge of St. Luke's Hospital, San Francisco.

THE nurses in Winnipeg were very glad to welcome back Miss K. M. Madge (W.G.H.), but regret that her stay will be so short.

MISS FRANKLIN has resigned her position in the Rock Bay Hospital, B.C., to become a member of the V. O. N. staff in Vancouver.

MISS MARY BURGESS (V.G.H.) has accepted the position of Head Nurse of the Maternity Wards, General Hospital, Vancouver, B.C.

MISS JOHNSTONE, a recent graduate of the General Hospital, Neepawa, Man., has been appointed Head Nurse on the staff of the hospital.

MISS J. M. BROWN has been appointed Superintendent of the Royal Jubilee Hospital at Kenora, Ont. She is a 1904 graduate of T. G. H.

MISS MACKAY, who has been assistant in the operating room (R.V.H.) for the past year, has gone to take up private nursing in New York.

MISS MCCONNELL, one of the recent graduates of the General Hospital, Neepawa, Man., will engage in private work in the town for the present.

MISS ADAMS (H.S.C.) has been appointed Night Superintendent at the Hospital for Sick Children, Toronto, and entered on her new duties on February 1st.

MISS SEXTON (R.V.H.), who recently underwent an operation for appendicitis, has quite recovered, and is able to take up her work in the Victoria Order again.

MISS J. M. SEGAR has gone to Papan, Alta., under the auspices of the Methodist Mission Board, to take charge of the hospital. Miss Segar is a graduate of the Lady Stanley, Ottawa, and a post-graduate of the Woman's Hospital, New York. She has been doing private nursing in Toronto for the past year.

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MISS COTTER, '04, is substituting for Miss Parlett in the operating theatre of the Winnipeg General Hospital. We hope that Miss Parlett will soon recover her usual good health.

DR. W. P. H. GALLOWAY, of Winnipeg, delivered a very interesting and instructive lecture on "Mental Suggestion," before the W. G. H. Alumnae Association, on Tuesday, January 7th.

MISS A. E. BOOTH (T.G.H.) has returned from a long visit in the Old Country, and is making her home in Victoria, B.C., at present. Miss Booth took a thorough course in massage while abroad.

MISS CRUICKSHANK, registrar of the Vancouver Graduate Nurses' Association, Vancouver, was married on January 22nd, to Mr. John Gibb. It is not yet decided by the Association, where the registry will be in future.

MRS. (DR.) S. J. TUNSTALL gave a very enjoyable dance for the pupil nurses of the various hospitals in Vancouver, B.C., on Jan. 16th. Four hospitals were represented, and at least fifty nurses enjoyed to the full Mrs. Tunstall's kind hospitality.

MISS CORNELL, who has held the position of Second Assistant Superintendent in the Royal Victoria Hospital, Montreal, has left to take charge of a private hospital in Flushing, N.Y. The Alumnae Association will miss her, especially as she has been a most efficient secretary for the past three years.

MISS MARGARET A. MACBRIDE, of Montreal, Canada, a graduate of the Mary Fletcher Hospital, Berlin, Verm., and member of the Canadian Nurses' Association, and Miss Kathleen E. Steacy, of Montreal, Canada, are at the present time taking a course at the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Philadelphia.

BIRTHS.

MITCHELL.—BORN, on January 10th, to Dr. and Mrs. Alex. Mitchell, of Macoun, Sask., a daughter. Mrs. Mitchell was Miss Mary B. Smith, graduate of General and Marine Hospital, St. Catharines.

MARRIED.

ALBINSON—BOULTON.—On January 15th, 1908, at the bride's home, Maple Grove, Ont., Miss Annie Ida Boulton, graduate of Sarnia General Hospital, to Mr. Clarence Roscoe Albinson, of Mooretown.

BRODIE—MCMURTRY.—At the home of the bride's brother, Mr. F. McMurtry, Winnipeg, on Saturday, Jan. 11th., 1908, Margaret J. McMurtry, graduate of Grace Hospital, Toronto, to Thomas Brodie, of Winnipeg.



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MCCORMICK—PEARCE.—In December, Miss Jean Pearce (Class 1903, St. Joseph's Hospital, Chatham), to Mr. John McCormick, of Chatham.

FERGUSON—CLINE.—January 9th, Miss Jean Cline (Class 1902, St. Joseph's Hospital, Chatham, to Mr. Walter Ferguson, Thamesville. They will spend the winter in Los Angeles, Cal.

YOUNG—WHITMARSH.—At Abbeville, Louisiana, on December 18th, 1907, by the Rev. F. A. B. Laforest, Mabel Georgina Whitmarsh (grad. R. V. H., Montreal, Que.), to Lawrence Randolph Young, M.D., of Rayne, Louisiana. Dr. and Mrs. Young will make their home in Rayne, La.

BROWN—MORRIS.—At the home of the bride's brother, Rev. J. T. Morris, Owen Sound, on Tuesday, Dec. 21st, 1907, Annie K. Morris, graduate of Grace Hospital, Toronto, to Thomas Brown of Peterborough.

BARROW—OWEN.—On Wednesday, January 22nd, 1908, at St. James Cathedral, Toronto, by the Rev. D. T. Owen, Gwladys Ireon, elder daughter of Ireon R. Owen, to the Rev. Gore M. Barrow, Toronto.

ON St. Valentines Day, the members of the Nurses' Club, 9 Pembroke Street, gave Miss Sadie Downs a linen shower on the event of her approaching marriage, which takes place this month.

ANOTHER GREAT HONOUR.—A cable despatch received to-day (February 14, 1908) from England states that the freedom of the City of London is to be conferred on Miss Nightingale.

THE GUILD OF ST. BARNABAS.

(Continued from page 120)

After the reading and accepting of the reports the Superior said a few words and expressed her pleasure at the presence at the meeting of three out of the four nurses who joined the branch at its formation, the fourth being still a member, but no longer resident in Montreal. A few words from the Chaplain followed, in which he referred to the recent death of Nurse Patterson, for some years a member of the Montreal branch, but who was transferred to the Ottawa branch on its formation. The Chaplain noted that Miss Patterson was the first member of the Guild here for whom an itinerary service was held on her leaving Montreal. though since that time many members have asked for it.

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The Nurse's Library.

The Delineator has made great progress of late, in public regard. Its campaign on behalf of "The Child Without a Home" and "The Home Without a Child" came just when it was wanted and bids fair to be a success in every way. Besides, the February number contains one of the best articles on a nurse's life we have ever read in a popular magazine, entitled "The Little Sisters of the Sick." Attractive stories, sketches, and articles make up a notable number.

Milk Hygiene. C. O. Jensen. Translated by PROF. PEARSON, of Philadelphia. Philadelphia and London: J. B. Lippincott Co. \$2.00. Toronto: Carveth & Co.

Professor Jensen, of the Royal Veterinary and Agricultural College of Copenhagen, Denmark, has done a great public service, not only to his own country, but to other countries, in preparing this excellent text-book, and his American colleague, Prof. Pearson, Dean of the Veterinary Faculty of the University of Pennsylvania, has conferred on us no small benefit by preparing the English translation. The chapters on pasteurization, sterilization, the use of milk for infants, and especially that on the public control of the production and handling of milk, are of great value. This subject is of such importance that a good book upon it is indispensable.

Lectures on Medicine to Nurses. HERBERT E. CUFF, M.D. Fifth edition. Philadelphia: P. Blakiston's Son & Co. Toronto: Carveth & Co.

Dr. Cuff, formerly Medical Superintendent of the North-Western Hospital, London, is the author of this practical book of reference on medical subjects for the use of nurses. It has had an extended sale, particularly in Great Britain, where it was, of course, first published. It is concise, clear, and authoritative, and has a good reputation as a text-book.

A Nurse's Bequest. By LILLIAS HAMILTON, M.D. London: John Murray.

The "bequest" is an income of £400 a year, with £4,000 in addition, left by the Head Nurse to one of her senior assistants, who has the same spirit and the same ideals as she herself had. The hope of these two nurses is to be instrumental in securing for our "State children, from their earliest infancy, that chance in life which their parents and our present system of dealing with them are withholding from them." That "chance in life," the author thinks, is best to be found in farm colonies for children

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The Nurse's Calendar

The Alumnae Association of
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Training School has issued a
Calendar for 1908
consisting of daily quotations
from various authors. The ob-
ject is to establish an emergency
fund for sick nurses. The Cal-
endar is gotten up in an attrac-
tive form in the school colors and
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in Canada, and perhaps she is right. The scene of the book is laid in an English workhouse infirmary, twenty-five years ago, and the book is one that nurses will read with great interest. Though we cannot always admire the heroine, and though the interest of the story is sometimes divided, yet our readers will miss a good deal if they do not see it. We hope they will.

School Hygiene. Illustrated. By HERBERT JONES, D.P.A., Cambridge. London: J. M. Dent & Co.

This little book, one of "Dent's Series of Mathematical and Scientific Text Books for Schools," is a model. The fact that it appears in such a series is of itself a cheering sign; it means that hygiene is getting its right place. The book is intended for teachers and school managers, but it is also a good book for school physicians and school nurses. Dr. Jones has managed to treat, in 150 pages, and 23 chapters, of all the important aspects of school hygiene, both as regards the school and the scholar.

The Greatest Art. E. V. LUCAS. London: Methuen & Co.

This is "A Choice of Letters by Entertaining Hands." It is a charming book. Under the pillow of the convalescent or among the favorite books on the nurse's own table, we venture to say that when once it takes its place it will never lose it. The names of the writers are great names—Dickens, Thackeray, Scott, Nelson, Napier, Cowper. What more could one say!

THERE is a Resting Room and a Retiring Room in connection with the Women's Banking Office, at the Crown Bank of Canada, 34 King Street West, Toronto. A hearty invitation is extended to members of the nurses' profession all over Canada to make use of these rooms, both for themselves and for their friends or patients who may be passing through the city.

ANTIPHLOGISTINE AND PNEUMONIA.—In five cases of pneumonia, where the acute trouble did not end in complete resolution, but left circumscribed and affected areas, which, in my judgment, were doomed to caseous degeneration, the liberal and persistent use of Antiphlogistine slowly but surely caused the absorption of the abnormal patches within the lungs and left them as normal as they were prior to the pneumonitis.—H. Enton, M.D., Brooklyn, N.Y.

RESPIRATORY TRACT—AFFECTIONS, SYMPTOMS, AND TREATMENT.—Almost every physician has some favorite prescription for coughs, bronchitis, laryngitis, etc., which he uses until suddenly it seems to lose its efficacy—why, no one knows. Then another remedy takes its place, until it, too, fails to give the desired result. It is rarely that one finds a cough remedy which will be consist-

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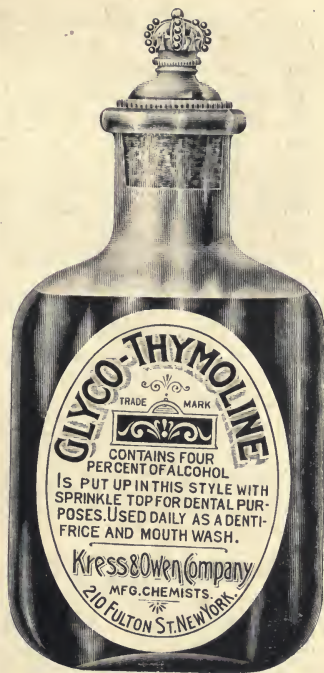
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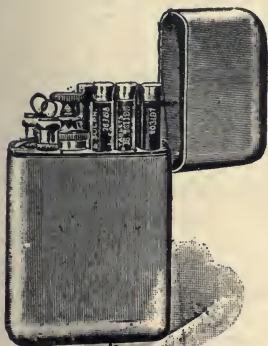
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ently good in the majority of cases. Theoretically there appears to be a well-founded objection to the use of cough syrups in general, but, nevertheless, there are times when nothing else gives satisfaction; therefore, the physician pins his faith to that remedy from which he and his patients derive the most good. It is not always easy to find such a remedy, but when it is once found it is equally difficult to dispense with, and often the physician is almost compelled to resort to a routine treatment. In such cases, of course, he wants the best.

There are constantly being placed on the market new formulas for affections of the air passages. Some of these formulas are of undoubted benefit in some cases, but usually it will be found that the results are far from satisfactory. Many of them cannot be taken when there is any gastric complication, as is sometimes the case, because of consequent nausea and vomiting. Others seem almost invariably to act as cardiac depressants and are highly objectionable for that reason.

In phthisical patients the well-known lack of appetite and intolerance of various foods render it imperative to give remedies which will not in any way interfere with the digestive functions, while at the same time controlling or alleviating the cough and other distressing conditions.

Some time ago my attention was called to a preparation composed of a solution of heroin in glycerine, combined with expectorants, called Glyco-Heroin (Smith). Each teaspoonful of this preparation contains one-sixteenth grain of heroin by accurate dosage. It is of agreeable flavor, therefore easy to administer to children, for whom the dose can be easily reduced with any liquid, or by actual measurement. It possesses many advantages not shown by any other preparation I have used, and has none of their disagreeable features.

In citing some of the cases treated with this remedy, I shall not go into a minute description of any case, but briefly state the conditions which existed and the results obtained, which were uniformly good.

Case 1.—S. B., aged 16. Caught a severe cold while traveling. This developed into an unusually severe attack of bronchitis, with mucous rales, pain cough, and some slight fever. Prescribed Glyco-Heroin (Smith), one teaspoonful every two hours, decreased to every three hours. After a few doses were taken there was a decided improvement, the respirations were slower and deeper, the expectoration freer, and the temperature normal. In a few days the patient was practically well and able to return to school. No medicine except Glyco-Heroin (Smith) was given, and the results from its use were excellent.

Case 2.—W. L., aged 31. Acute bronchitis. Painful cough, with difficult expectoration, particularly when in a reclining pos-

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ture. Glyco-Heroin (Smith) in teaspoonful doses every three hours gave speedy relief, and a cure was effected in a few days.

Case 3.—B. E., aged 26. Severe bronchitis, accompanying an attack of influenza. Various remedies were tried in this case, with negative results, until Glyco-Heroin (Smith) was given in teaspoonful doses every three hours. In a short time decided relief was obtained and the cough stopped permanently.

Case 4.—R. L., aged 6. Capillary bronchitis, with pains over chest, cough, and difficult expectoration. Glyco-Heroin (Smith) administered 15 drops every three hours. After taking a few doses the condition was much improved, and a speedy return to perfect health followed.

Case 5.—W. H., aged 5. Whooping cough. Spasmodic paroxysms of coughing, sometimes being so severe as to cause vomiting. Tenacious mucus was present, requiring great expulsive effect to loosen it. There was little fever, but the patient was much prostrated and weakened by the cough. Glyco-Heroin (Smith) was given in 10-drop doses every two hours, with good results. This was combined with hygienic treatment, the patient being given as much of fresh air as possible. In a few days the condition was much ameliorated, the cough under fair control, expectoration was freer and easier to raise, and convalescence uneventful. The case was discharged cured, and there were no unpleasant sequelæ, the patient at present being in perfect health.—Dr. Arthur B. Smith, Springfield, O.

SIMPLE SUGGESTIONS FOR THE PREVENTION OF GRIP AND PNEUMONIA.—Influenza and pneumonia are now extremely prevalent throughout the land. It was recently estimated that in New York City there were over 20,000 cases; in Baltimore, 40,000; in Pittsburgh, 50,000, and the death rate was correspondingly large.

The report of the New York City Health Board for December also showed that there were 1,202 deaths from pneumonia, many of them beginning with an influenza. In addition to this, there were 126 deaths from influenza without pneumonia.

It, therefore, seems a fitting time to say something about the preventive treatment of these perilous diseases and the value of the following—among other rules recently suggested to the community at large by Samuel G. Tracy, M.D., New York, in a communication to the *New York Times*—will be generally conceded:

Keep Mouth, Teeth, Tonsils and Nose Clean.

"It is necessary," continued Dr. Tracy, "to keep the mouth, nose, tonsils, etc., clean, because the mucous membrane of these parts, especially the tonsils, is not infrequently the port of entry of



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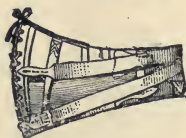
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the germs of several infectious diseases, as influenza, pneumonia, and acute rheumatism. The little depressions in the tonsils are a favorite place for these germs to lodge; when the tonsils are inflamed, and the vital resistance of the body lowered from any cause, these germs are taken into the system, circulated in the blood, and multiply with great rapidity. To prevent their development, it is necessary to antiseptically cleanse their breeding places and keep them clean, especially if one spends a considerable time in the rooms of those who have influenza or pneumonia."

As a wash for the mouth and teeth, or a gargle for the tonsils, a tablespoonful of Pond's Extract of Hamamelis Virginica in a half-glass of warm water will be found very agreeable and effectively antiseptic—not so much so, perhaps, because of its immediate destruction of bacteria, as by reason of its astringent and sedative action on inflamed areas, thus making sensitive and susceptible tissues less favorable locations for the growth and propagation of germ life, all of which also applies to the following combination as a spray for nose or throat:

R	Sodii Bicarb,	
	Acidi Borici.....	āāȳii
	Pond's Extract.....	ȳiss
	Aq. destil.....	q. s. ad. ȳiv

The wash and spray should be used daily after breakfast and before retiring at night—oftener if much exposed—and to avoid the Hamamelis for over half-a-century) should be prescribed.

The attention of nurses is called to the constantly growing demand for competent graduates in mechanical treatments, especially in Massage, Gymnastics, Electro and Hydro-Therapy. There are constantly positions open in these branches for qualified male and female graduates from hospitals and sanitariums. The Pennsylvania Orthopædic Institute and School of Mechano-Therapy, Inc., 1711 Green Street, Philadelphia, Pa., offers a most complete course in the before-stated branches at reasonable charges. Spring classes open on May 14th, Summer classes on July 8th, 1908. Outside of Practical and Theoretical experience, the students attend clinics at several of the largest hospitals in the city. An illustrated booklet on Massage and further particulars may be obtained by addressing the superintendent.

MAX J. WALTER, *Supt.*

The Canadian Nurse

A MONTHLY JOURNAL FOR THE NURSING PROFESSION IN CANADA

VOL. IV.

TORONTO, APRIL, 1908.

No. 4

THE PRIVATE NURSE IN HER RELATION TO THE FAMILY.

Success in all work depends largely on the degree of correspondence between the worker and his environment. It is not necessary that the worker should take his key note from his surroundings. If he is a master musician he will tune his world to his own key, and it will march to his time. But between the two, in the sick-room, as in the workshop, there must be harmony, else the work is poor, and the worker sadly handicapped.

The private nurse is like a wandering musician, called to play her part in many a stormy chorus, and many a lame and lagging refrain. She encounters a great variety of instruments, in all degrees of disrepair, from the simple lute with the little rift silencing its music, to the noble Stradivarius, all unstrung and hopelessly warped, its sweet notes jingling, its harmony all discord.

"How sour sweet music is, when time is lost, and no proportion kept. So is it with the music of men's lives."

The selections are halting and unfamiliar, and often the most the wandering musician may do, is to catch at intervals the dominant note, and chord as she can with that. She can at least avoid playing in a different key, and above all the jarring and the discord, she must try to keep her own ear tuned to the music of the spheres. So may she join the "choir invisible" whose music is the gladness of the world.

The readers of the CANADIAN NURSE are too well acquainted with the ideal nurse to need a formal introduction. They have seen her in the popular novel and on the stage, in the guise of the "Ministering Angel." She has been exhibited on a pedestal at graduating exercises. She has been dissected and demonstrated upon in Nursing Journals and nursing conventions. She is absolutely faultless. My chief objection to this estimable model, is, that I doubt her reality. I am afraid she is made mostly of wax and red ink, with a few feathers for wings, and a halo which emanates only from her creator's imagination. My ideal private nurse has none of these accessories. She is plain flesh and blood, and to be quite frank—she does not monopolize all the virtues. She possesses the essential qualifications of all good workmen—in

telligence, technical skill, honesty—but besides, she is kind, sweet-tempered, adaptable, and of a broad humanity. She possesses the inestimable gift of common sense, and that next best shield against the rude knocks of life—a sense of humor. She is not overburdened with an inconvenient respect for “the proprieties,” and is capable of tackling a very unpleasant situation, with a quiet dignity that disarms embarrassment, and defies suspicion. It is not essential to the picture, but I am glad that the gods have given her also a wholesome beauty of face that rejoices the heart, and a smile that warms and brightens the atmosphere about her. Her hands are perhaps a trifle large for beauty, and they are not always smooth and white, but in your hour of anguish you will not notice this. You will know that they are gentle and capable, and skilled in loving service. She is one of a not unknown type (we are proud to think), of working private nurses, so to her we shall come with our difficult scores, and learn as I have often learned, more by example than precept, our lesson in harmony and practice.

She has been called to nurse in a poor family, and she has not refused the case because she has suddenly contracted a cold, or because a remembered engagement presents insistent claims. She finds a sad dearth of the comforts—perhaps even of the necessities of life—and she strikes the key note of economy. Her first care is to see that, even at some sacrifice to the family, the patient is provided with the requisites of illness—clean and comfortable bedding, good food, and such medicines and appliances as are necessary. She husbands her resources with jealous care, and is prodigal only of such cheap utilities as water and sunshine, smiles and wild flowers. She gives the district free demonstrations in hygiene, but shows an uncharitable intolerance for flies and dirt. “She hath no scorn of common things,” human or material, and has a keen eye for the latent possibilities in the faithful elder sister, or the sympathetic neighbor next door. Barrel-hoops and newspapers, excelsior and rags, are converted into sick-room accessories. She maketh men her ministers, and lures tribute from corner-bakeries and back-lot gardens for her patients’ modest tray. She is introduced to furnaces and floor-mops, and has even been known to attack a wash-tub, without seriously imperiling her professional reputation.

“She doeth little kindnesses
Which most leave undone or despise,
For naught that sets a heart at ease,
And bringeth happiness or peace,
Is low-esteemed in her eyes.”

Though capable of high renunciation and self-sacrifice, there are times, when, for the work’s sake she must be unselfishly selfish; and if no one else suggests the necessity, she must insist on some

kind of sleeping accommodation, and some opportunity for taking rest and fresh air. Food she must have in some palatable form, even if she must go out and despoil the cupboards of her friends to get it. My ideal nurse has lived for a time on boiled eggs, with fruit and a tin of soda biscuits safely concealed from predatory urchins, flies, mice and roaches, in her grip. Of course she will linger no longer than she is urgently needed, in this household—one must consider the family expenses.

As for remuneration—each nurse must be a law unto herself, but I find on inquiry that my ideal nurse usually presents her bill (for a part of the time at least) at the regular charge, and I believe she has no bad debts, nor has she ever enjoyed the exciting experience of conducting a law-suit. This may be merely a coincidence, but I have heard the father of a poor family say, that he would rather deprive himself of his dearest comfort—the old clay pipe—for a time—than see that nurse go unpaid, for—“By George! She was a nice girl, and she worked hard for her pay.”

From her proud position as leader of the brass band in the Labor Parade, the nurse may pass at once to a back seat in the orchestra which fills up the intervals for the blasé frequenters of the city's play house. She may find less appreciation for the strains of “the Irish Washerwoman,” or even “Home, Sweet Home” with variations, than for the florid extravaganza, or the siren sighings of a moonlight sonata. But for all this, she will still need her heart of sympathy and her hand of kindness, for with all their luxurious appointments, these simple, old-fashioned utilities are often absent in the homes of the rich. She may have a very minor part to play in this comedy (or tragedy) of Dives—but she need never degenerate into a sounding echo, or a tinkling cymbal. Her common sense and her innate good taste will show her, that while she need not descend to the position of lackey, or even superior ladies' maid, neither must she presume on casual association, to share in the functions and the grandeurs of a social circle, into which, as a busy working woman, she may not enter. She will be well, but not showily dressed; and she will fit in as far as possible, with the ways and habits of the household. The wise nurse will early establish amicable relations with the kitchen. A little consideration and courtesy may convert a guarded and suspicious enemy into her staunchest ally. This should never lead however to undue familiarity with a class of workers, who, however worthy they may be, must never be identified with the nursing profession.

Such an embarrassing conclusion has been known to occur in a family of snobs, the nurse being notified that she should take her meals in the kitchen, one cannot be altogether surprised at the mistake, for it is a lamentable fact that some nurses—(we fondly believe few Canadian ones) do savor somewhat of the scullery still. But I should greatly enjoy seeing my ideal nurse deal with that

situation. She is capable of hitting out very boldly from the shoulder on occasions, and the family of snobs might be left with a dint in its family armour—and without a trained nurse. No reasonable nurse, however, will resent the suggestion that she take her meals from a tray, or either before or after the family. Such an arrangement is often most convenient, especially if she is nursing in a hotel, where her uniform attracts undesirable attention, or where there are frequent guests at the family table, whose appetite might be affected by the suggestion of illness.

The interfering family is even more trying to deal with than the family of snobs. There is a humorous side to the brazen effrontery of the “newly rich,” but the strongest armour of patience will sometimes break down under the incessant battering of the meddler’s small guns. He may succeed in spoiling the music, but the nurse is a poor soldier if he makes her pull down her flag. It is absolutely imperative that she should reign in the sick-room (under his majesty, the doctor), and if once she weakens or compromises in essential things she may as well abdicate at once. But while she must be firm, she must also be rational. Many seemingly objectionable phases of her rule may be rendered quite bearable by an intelligent explanation, or a reference to higher powers. It is well to let the family feel that as far as possible it may know what goes on in the sick-room, and why. There may even be suggestions, wise and good, which the nurse may try with profit to herself and her patient—and with great satisfaction to his friends. Not all the wisdom of her cult is included in nursing text books, or taught in the wards of any institution.

When all pacific measures fail, the unreasonable family may respond very well to a course of plain dealing. They must learn that there is an element of sense, as well as sentiment, in the work of a trained nurse, and because they have no desire for food or sleep or change of scene during a trying period, that is no reason why the nurse should sacrifice health and usefulness in the same senseless way. She should see that the whole unreasonable family goes out for an airing, and takes a few hours’ sleep and at least one square, uninterrupted meal a day. They will probably soon perceive that she requires no less.

If the nurse feels, however, that she is hopelessly out of harmony with her patient or the family, it is much wiser for her to give up the case at once rather than to struggle on crying—“Peace! peace!”—when there is no peace. There are instruments that will never harmonize, though each may be good enough in its own way; so there are incompatibilities of mind and temper, that are fundamental and irreconcilable, which may prove a source of friction and positive injury to a susceptible patient. Even a Johns Hopkins graduate with all her calm superiority and irreproachable training, has been known to fail in finding the key note to a rest-cure symphony. She was followed by a simple, unpre-

tentious graduate of a training school of which she had never heard, who wore such an odd uniform, and who probably had never read the "Ethics of Nursing." Into that abode of chaos and despair she stole, took up the crazed and fragile instrument, and from its quivering strings she drew a sweet and soothing lullaby. Soon the tired limbs relaxed, the fighting spirit died away, and the weary and broken one sobbed herself to sleep on the breast of that angel of peace.

It requires a very large sympathy and much patience to deal with these Anxious and often Hysterical Families, but if the nurse will only remember how disproportioned and distorted every little thing looked to her when that loved member of her own family was lying on his bed of illness, she will have a larger sympathy with distracted relatives, and a deeper comprehension of that mental astigmatism which makes their little world look so hopelessly out of joint.

The same may be said of the unhappy household that harbors a family skeleton. The poor ghost is discreetly concealed, of course, but one night the nurse surprises him in his wanderings. Shall she notify the Chief of Police, call up the press reporters, and prepare to leave the haunted place? She is more likely to whisper it as a dead secret to her bosom friend, and pretty soon that poor wisp of an unhappy spirit, cowering in his own familiar cupboard, has grown to a grim and terrible spectre that stalks the land by day and night. There are some very ugly and really disreputable ghosts that one finds it impossible to ignore, and even the ideal nurse must sometimes tell or run away, lest greater unhappiness come to that afflicted household. There are family relationships so unstable, that a glance or a foolish word may destroy them and shatter the peace of a hearthstone. The ideal nurse will guard well her eye and her tongue, and will hold inviolate these unsought secrets of her confessional.

How often the private nurse is called to the average, middle-class family, where the mother or sister has been struggling along, single-handed, lacking confidence, depressed, anxious, thoroughly out-worn. Very jealously she delivers the beloved charge into the hands of this stranger woman, doubting, fearing, but gradually relinquishing the burden as she sees the strong and skilful hand and feels that it can do more for the sufferer than she, with all her love, can do. To this weary and fainting soul the ideal nurse is as "the shadow of a great rock in a weary land." The doctor has been—the case is critical—everything possible is being done—and there is nothing to do but to wait. Here is her opportunity to lead the oratorio. They have yielded her the baton, and are waiting for her to sound the note. If it be indeed true, that thought is vital and active, and that the mental atmosphere about the patient does aid or retard recovery; then let it be no dubious minor note, but clear and strong let her lift up the song of faith and optimism and

set the tune going to a vigorous martial strain, that shall lift the flagging spirits of the watchers and penetrate even through the closed door of the sick-room. Then set the battle in array, some to the kitchen, some to the wash-tub, the family sunbeam by the bedside, and let the patient be surrounded by hopeful stimulating influences. Their therapeutic value will not be impaired, though the room be still and no word be spoken. They will radiate from the face of every member of the household, and the home will be filled with the contagion of their leader's spirit.

And if it be that nature and her legions are strong enough to beat back the arch enemy of death—what an anthem of triumph and thanksgiving will be in that home—how it will ring to the skies with its vibrant tones of victory! But if it be defeat, there is still a song to sing—"where the dead man is praised on his journey"—and a heavier task to fill in comforting the mourners and supporting them with her strength and courage.

Oh, ye private nurses—yes—average private nurses—we hear such a lot of your woes and your burdens, of your weary nights and your heavy days. Is it not worth while after all, to have had some share in that Hallelujah chorus, to have lightened, even a little, that heavy lament—even though your strength was flagging, and you dragged yourself to your room to sob the night through with the nervous reaction from the long strain, and the crushing sense of utter defeat?

It seems to me there is a great deal too much self-pity on the part of the average private nurse. Perhaps it is because she is so often overtired that she takes such a myopic view of the broad horizons of her world—broader far than the walls of the cloister, or even the sheltering hearth. She should get away into a different atmosphere, into a belt of calms, for a while. Even a violin—a thing of string and wood—must be laid aside occasionally for a rest, to restore its tone and timbre. When she comes back to her kingdom she will see it with a normal vision and unjaundiced eyes. "Blessed is he who has found his work—let him ask no other blessedness."

We must remember that there is another side to this question. The family, too, may suffer—from the private nurse—from the poor nurse, the nurse who is too good for her business, the unreasonable, the careless, the bad-tempered, the extravagant nurse—from the nurse who is so busy playing to the gallery that she forgets the fomentations—from the mechanical nurse who has less music in her soul than the showman's hurdy gurdy or the corner store phonograph.

After all, things even up wonderfully, and the average nurse gets quite as much appreciation, and I think a little more than she deserves.

Few of us are ideal nurses. Seldom have we felt the master

stroke which—"Smote the chord of self, that trembling, pass'd in music out of sight"—

But we all, now and then, do catch a vision of our high vocation—of our duties and our privileges. Happy are we if we follow.

"When through the gates of stress and strain
Comes forth the vast event
The simple, sheer, sufficing, sane,
Result of labor spent—
They that have wrought the end unthought
Be neither saint nor sage,
But men who merely did the work
For which they drew the wage."

No saints—and yet the poorest of us will sometimes find a little votive taper burning at our humble shrine—and will find the low chant of praise and the odor of the incense, not repugnant to our soul. Perhaps it will help us to forget that other time, we do not like to think much of—the maiden aunt was detestable—the patient incompatible—we were not appreciated. We bungled over the key note, and we sulked because the tone was not to our liking, and we worked without the music—but it wasn't a success.

ISABEL M. STEWART,
W. G. H., '02.

Winnipeg.

NURSING ON RAILROAD CONSTRUCTION.

Most of the readers of the CANADIAN NURSE will know that at the present time a mighty railroad is being pushed across the Dominion from the Atlantic to the Pacific, practically paralleling the C. P. R., and to be known as the Grand Trunk Pacific.

On the other hand, few of these same nurses know that scattered along a section of the new line between Winnipeg and Superior Junction is a small band of nurses, who are doing their share in the building of the road by nursing the sick and injured laborers.

In order that you may better understand the part that the nursing profession is playing in this work, I will give a brief outline of the organization of the medical department which looks after the ills of the various contractors' employees. The "line" is divided off into sections averaging twenty miles in length, and on each of these is a resident physician. It is the duty of such a physician to visit the camps in his section once a week and be in attendance on all the men in these camps.

On several of the more important sections, that is, those where heavy work calls for a large force of men, small hospitals have been erected and nurses sent out to aid the resident doctor in caring for the patients.

For the past five months it has been my privilege to be located at one of these institutions, known as the Winnipeg River Hospital, and I shall attempt to give you some idea of our life out in the "bush."

The hospital is beautifully situated on the Winnipeg River, about twenty miles down stream from Kenora. It is built on a high bluff, overlooking the water, and surrounded by the usual heavy growth of spruce and birch, which is so plentiful in this part of the country as to be characteristic of it. The building itself is well built of lumber, and consists of one storey. It has a ward which accommodates 14 patients, together with dispensary patients' sitting room, while the rear is taken up with the living room and bedrooms for nurses and doctor, orderly room, kitchen, pantry, etc.

The staff consists of two doctors, two nurses and an orderly. Surely the 14 patients are well attended! As the doctors are away on the line a great deal, there is usually but one of them on hand.

We are kept fairly busy, as railroading, when blasting is necessary, is one of the most hazardous of occupations, and a large proportion of our cases is surgical, the result of accidents following the careless use of explosives. Of medical cases, typhoid, rheumatism and pneumonia claim the majority, but where so many men are employed (about fifteen hundred) it is needless to say that we have "a little of everything." The patients are mostly foreigners, the following nationalities being in greatest evidence: Swedes, Galicians, Austrians, Italians and Poles. A large number of English and Scotch immigrants are also found in the camps, but are not found in the hospital unless it cannot be helped. In spite of a fair amount of inherited British pride, I am bound to admit that of all classes the British immigrants make the worst patients imaginable. This is largely due to their childish tendency to magnify small ailments into malinger for the purpose of getting a good comfortable berth in the hospital for the cold weather. They never work enough to meet with serious accidents.

I cannot say that our life is quite a "bed of roses." During the summer the daily boat from Kenora keeps us in touch with civilization, but during the long winter months with their severe cold, which keeps one confined to the house, life is monotonous, to say the least. I hope I have interested you in some small way, and I thank you for the space you have given me. My humble effort will at least tell my sister nurses that as a profession we are becoming more and more recognized as an absolute necessity wherever pain and suffering and sickness is most likely to be found.

JEAN B. HIGGINS.

AN ADDRESS.*

You have now, Nurses, only finished your preliminary education and training, and entered upon your real education. Allow me to congratulate you upon attaining the proud honor of gaining a diploma from this new and thriving training school, the "Training School for Nurses" of St. Joseph's Hospital, Port Arthur, your Alma Mater, which I hope you will always cherish. The people of Port Arthur may be justly proud of this fine, well-equipped hospital. It has plenty of clinical material, so that each nurse has a large practical experience in each department. The advantage over the very large hospitals in the very large cities, as New York and London, is that each nurse in training at St. Joseph's Training School, is directly under the eye of the teacher and is carefully watched and taught, whereas in hospitals where nurses are by the hundreds they have to look on and learn, in distinction from being taught under eye of a trained teacher. The elementary work is the great object of a training school; to put the student nurse in a systematic frame of mind that she may make use of her knowledge and experience that she is to gain in her work.

With the scientific study and treatment of diseases and surgery, skilled nursing is a necessity. The physician relies on the trained nurse to observe and record symptoms, and on the information thus furnished, is often based the diagnosis and prognosis. The observation of cases by the nurse to record what occurs between the visits of the physician is one of the greatest services, and to do it well needs not only faithful attention and keen senses but a knowledge of what to look for, without which many important points may escape the notice of even a most careful nurse. I would impress upon you under no excuse or pretext to make an incorrect report to satisfy some of the family and hide the true course of the disease. It will always get you into trouble and dissatisfaction.

Members of the graduating class, in leaving your Alma Mater, you must not conclude that your time of study is at an end. You have only laid the foundation for a knowledge of nursing. It remains for you to build upon this an enduring structure by persistent efforts to keep pace with the advancement and improvement of your profession. This means that you remain earnest students of the current literature and new text books on nursing. You, whom we congratulate as graduates from this hospital, owe a debt of gratitude to your Alma Mater and to the profession with which you are identified.

*To graduating class of St. Joseph's Hospital Training School for Nurses, Port Arthur.

A nurse, however, has duties to herself. Spending her time in an atmosphere of suffering and very often in the shadow of death, she is kept in the shady side of life. But these conditions do not take from the brightness and happiness of an ideal nurse, who must always remember the old saying, "Laugh and the world laughs with you, weep and you weep alone."

Graduates, sisters and nurses, some of whom are leaving your Alma Mater, I bid you farewell, and wish you all success. Fulfill your duties towards yourselves and your profession and your patients to the best of your ability. A just fortune awaits the deserving.

G. S. BECK, M.D., M.R.C.S.

CANADIAN NURSES AND THE AMERICAN HOSPITAL ASSOCIATION.

On September 22, 23, 24 and 25, 1908, there will convene in Toronto doubtless the largest and most influential gathering of hospital workers that has ever met on the American continent—the American Hospital Association. Last year, at the Chicago convention, there were present representatives of hospitals from Seattle, Washington, on the west, to Maine and Nova Scotia, on the east. This year more new members have already enrolled than in any entire previous year, and the indications are strong that the Toronto meeting will eclipse all former meetings of the Association.

The membership in the Association is restricted to those who are at the time of their election trustees or executive heads of hospitals. Associate members are executive officers of hospitals next in authority below the superintendent without regard to sex or official title. Annual dues for active members are \$5, for associate members, \$2. These dues entitle each member to a bound volume of the papers and proceedings of the annual conferences, which form a most valuable fund of hospital literature.

Within the last three years a large variety of subjects have been studied and discussed, among which are: Administration of hospitals; appointment of internes; automobile ambulances; branch hospitals in the country; breakage and loss by employees and how to control these; care of consumptives in general hospitals; care of hospital floors; co-operation of medical charities; cost of construction of modern hospitals; destruction of refuse; hospital dietaries; diet kitchens; discipline and control of ward patients; disinfection; division of medical and surgical staff in small hospitals; engine room economies; hospital housekeeping; hospital organization of a teaching hospital; pay rolls of hospitals compared; laundry management; medical libraries in hospitals; mental wards in general hospitals; methods of controlling waste; nursing problems; open-air treatment; orderlies; wages and management;

organization of a teaching hospital; payrolls of hospitals compared; payment of the medical staff; purchase of supplies; quiet rooms; refrigeration; teaching of hospital economics; training of nurses; hospital accounts and statistics; utilization of hospital waste; wall finish; work of immunizing department.

The sessions of the convention will probably be held in the Parliament Buildings, in beautiful Queen's Park. Every nurse and every individual interested in hospital work—any phase of it—is invited to attend the sessions of the convention and freely avail themselves of the educational benefits such an opportunity affords. The contact with such a body of broad-minded, earnest, able and enthusiastic men and women, close students of hospital and nursing problems, representatives of the largest and best hospitals of two countries, is in itself an inspiration.

Probably two-thirds of the hospitals of the United States and Canada are in charge of nurse-superintendents, and almost without exception schools of nursing are being managed by nurses. One thing is certain—in the future development of the hospitals of these two countries nurses must play a large part. What is greatly needed by every hospital worker is a broad outlook on hospital and nursing affairs. There is no need that hospital development and efficiency and nursing development should clash unless people make them clash. No better opportunity will ever occur for a great many Canadian nurses to broaden their knowledge of hospital work in all its phases than by attending this convention. A large proportion of the membership in the Association is made up of nurses—many of them Canadian-born, who are now in executive positions in hospitals in the United States. There is no doubt but Toronto will give a right royal welcome to all who attend the convention.

The officers of the Association, Dr. S. S. Goldwater, Superintendent of Mount Sinai Hospital, New York; Mr. John Ross Robertson, of Toronto, the First Vice-President; Dr. R. W. Bruce Smith, and the Toronto superintendents, are already thinking and planning to make the Toronto convention the greatest in numbers and enthusiasm and practical value that the Association has ever held. Every Canadian superintendent, assistant superintendent, and trustee of hospital is invited here and now to apply for membership. Send your name to the Secretary, Dr. W. L. Babcock, Grace Hospital, Detroit, Mich. Begin now to make your plans to attend the convention. Bring a friend with you who is interested in hospital work. Urge your trustees to be there. Whether or not you are officially connected with a hospital, you can attend the sessions and take part in the discussions. A copy of the programme will appear later on in the CANADIAN NURSE. The report on progress of the year in nurse training schools and the papers that will be given on training school work, with their discussions, will alone make it worth your while.

CHARLOTTE A. AIKENS.

Clinical Department

THE ADMINISTRATION OF MEDICINES.

It is no part of a nurse's business to prescribe drugs. It is an important part of her business to know why drugs are prescribed, what effects may be expected from their use, what conditions may interfere to prevent the desired results and how to administer them so that the very best effects may be secured. There is a good deal that nurses should be taught, or should know, regarding the simple matter of administering medicine.

Probation days are very impressionable periods of life. One observation on the matter of giving medicines, made in the early probation days, many years ago, comes to mind as a good illustration of how not to do it. The head nurse on the men's ward was a good, practical nurse. Her patients were well cared for, and liked her, but her manner of handling some of the medicines was not a good example for a probationer. One of the favorite cathartics was the pill known as "Little Devils." Before going off duty at night, she would appear at the ward door, shake the bottle of "Little Devils," and go from bed to bed, dropping them from her fingers into the mouths of as many patients as asked for them. The patients got the medicine. There was no question about that, but they might have had it administered in a more refined way. An important part of the teaching of nurses should be the doing of simple little duties in a refined manner. Any one, even a coal heaver, can take a capsule out of a box, carry it in his fingers, drop it into the mouth and give a swallow of water after it. Trained nurses should be able to do such simple things differently, and, in every home they enter, should teach by example the better, the refined way. There is a tendency on the part of some nurses to grow careless about these little refinements of nursing, after they leave the hospital, because they think no one notices or cares. There are very few details about the way a trained nurse does her work that are not observed and commented on in the average home.

How should the different kinds of medicine be administered? This is a question on which every trained nurse should be able to write, not one, but several, practical, interesting papers. Pills, tablets, capsules, powders, suppositories, oils, plasters, liquids, ointments, etc.,—each one of these may need a little different handling; they will surely need different handling at different times and with different people. Then there are to be considered all the various appliances and vessels and vehicles used in measuring or administering medicine—the medicine droppers, minim glasses, atomizers, inhalers, hypodermic syringes, antitoxin

syringes, and how to take care of them, the arrangement of appliances for the inhalation of steam or medicinal vapor, the proper method of using the nasal douche, eye bath, eye drops, ear irrigations, the calculation of doses, working out percentages, the arithmetic of medicines—a small book might be written on the practical administration of medicine. When a nurse has thoroughly mastered this subject, this province of medicine which is rightfully hers, it will be time enough for her to assume the responsibility of prescribing drugs. Even then no nurse can afford to dabble in that practice until she has qualified herself in the eyes of the law.

There is one point regarding the administration of medicine on which every nurse can and should put a little extra study, and make careful observations from year to year. This point is the time of giving medicine in its relation to food. There is still much to be learned regarding the intricate chemistry of digestion and assimilation. The best time to give different drugs by mouth, the effect of drugs on digestive processes, the effects of stomach contents on drugs—these are subjects on which there is still much speculation and much difference of opinion. W. Gilman Thompson, M.D., gives a few simple rules which, while subject to many exceptions, are undoubtedly useful as a general guide. Alkalies are best given shortly before meals, unless in cases in which there is too much hydrochloric acid secreted. Bitters, also, should be given before meals. Saline laxatives should be given at least a half hour or an hour before meals, preferably before breakfast. Stronger, more slowly acting, cathartics are best given on an empty stomach at night. The best time to give acids is within a half hour after meals. Medicines which may prove irritant to the mucous membrane, such as iron and arsenic, should be given soon after meals, or after taking some simple nourishment. Drugs, such as salol, which are designed to act in the intestine, should be given at the time when gastric digestion may be expected to be complete and when the stomach contents are about to pass into the intestine. Then there is a large list of medicines, such as cough mixtures, cardiac tonics, diuretics, and systemic remedies, which are not specially irritant to the stomach, which may be given between meals. If the stomach is empty they will be more quickly absorbed and are less likely to retard digestion.

The time for giving medicine, especially when a nurse is in private practice, is a matter which must be left largely to her own judgment. Many physicians simply give general directions, such as, "Give every three or four hours," and leave her to decide what those hours shall be. If milk forms any important part of a patient's dietary, it is, as a rule, not a good plan to use it as a vehicle for giving medicine, though with children it may occasionally be necessary. If the patient is not digesting the milk well, and the prospects are that he will have to continue the milk

for some time, then it is a safe rule never to combine the milk with whiskey or with any drug.

One other point regarding medicine will bear frequent emphasis—the use of hypnotics. Every thoughtful person must view with increasing alarm the increase in the army of neurasthenics or sleepless individuals who depend on narcotics and hypnotics to get any kind of rest. There is always a time when the habit of taking drugs to produce sleep starts, and nurses should be very careful about this point. While there are many drugs that do not produce a habit—at least do not lead to a craving for that special drug, there are none, so a recent noted authority states, which do not act disastrously on some of the tissues of the body. There are many simple expedients that help to natural sleep which nurses can use and teach, and thus do what they can, when they have the power of decision in their own hands, to combat a growing evil that affects in various ways our national life.

WAKING.—In the morning, when you awake, accustom yourself to think first upon God, or something in order to His service; and at night also let Him close thine eyes; and let your sleep be necessary and healthful, not idle and expensive of time beyond the needs and conveniences of nature; and sometimes be curious to see the preparation which the sun makes, when he is coming forth from his chambers of the east.—*Jeremy Taylor*.

A GOOD STORY.—Cultivate the art of story telling, and remember that a good joke will be relished quite as much in the sickroom as anywhere else, unless the patient is very ill. A good story, well told, often acts better than a dose of tonic medicine.

A BRICK.—A few bricks for use where external heat is needed will prove convenient in various ways during cold weather in almost any kind of sickness. As a foot-warmer for convalescents who are able to sit up in a chair, a warm brick is much better than a rubber hot water bottle.

THE CORD.—In cases where the umbilical cord is slow in separating, which often occurs where the cord has been unusually large and thick, or in puny infants, its separation may be effected by wrapping the stump in cotton saturated with alcohol.

THE CATHETER.—The injection of a quart of hot salt solution into the rectum has often made the use of the catheter unnecessary when all other simple remedies had failed.

—C. A. AIKENS.



THE Order has made an arrangement with the Montreal General Hospital whereby their nurses are to have three months' experience in district work.

"The nurses to be on duty at the service of the Victorian Order from 8 a.m. to 6 p.m. daily during term of service, with two hours off at noon, each nurse being allowed an afternoon in each week and one day off each month." The nurses are to be "in the third year of their hospital course, and when they have completed their maternity training."

These nurses are to live in their own hospital, a sufficient sum for their living expenses being paid to their hospital by the Victorian Order.

They will be under the supervision of the Superintendent of the Order from 8 a.m. to 6 p.m. After 6 p.m. under the direction of the hospital authorities.

The first nurse from the M. G. H. went on duty for the V. O. according to these plans on February 17th.

At the annual meeting in Gravenhurst, they reported a successful year. A most kindly resolution of thanks was passed to Miss Aldridge, their nurse, with the comment that "she did not content herself simply with what might be called the professional services, but did many other kind and useful things to help her patients."

New Liskeard boasts a good modern ambulance, does not this seem a marvel of enterprise in a place of such size?

A POST-GRADUATE course in District Nursing will be given in the Home of the Victorian Order of Nurses, Ottawa. Apply to the Chief Lady Superintendent, 578 Somerset Street, Ottawa. Also a post-graduate course, with special instruction in Midwifery given at the cases, by an experienced obstetrical nurse. Apply, The Superintendent, 206 Spadina Avenue, Toronto.

The
Guild of



Saint
Barnabas

"Je le pansay ; Dieu le guarit." [I tended him ; God [healed him.]

—Ambroise Paré.

Canadian District

MONTREAL.—St. John Evangelist, first Tuesday, Holy Communion at M.G.H., 6.15 a.m. Second Tuesday, Guild Service or Social Meeting, 4 p.m. Third Tuesday, Guild Service at St. John's, 8.15 p.m. Last Tuesday, Holy Communion at R.V.H. 6.15 p.m.

District Chaplain—Rev. Arthur French, 158 Mance Street.

District Superior—Miss Stikeman, 216, Drummond Street.

OTTAWA—The Cathedral, First Monday.

Chaplain—Rev. Canon Kitson, the Rectory.

Local Superior—Miss L. C. Wicksteed, 494, Albert Street.

TORONTO—St. James' Cathedral Rectory, last Friday, 8 p.m.

Chaplain—Rev. Canon Edward A. Welch, St. James' Cathedral Rectory.

Local Superior—Mrs. Welch.

Secretary—Miss Maud Roger, 5 Howland Ave.

The following may, it is hoped, prove helpful to our nurses, especially during the days of Lent. It is taken from a book known and loved by many of them—*In Watchings Often*.

Walk worthily. "If any man take not up his cross and follow me, he is not worthy of me." His cross! his own cross! Don't be too quick to shunt your cross on to another's shoulders. It is a very subtle and harmful danger of our times, to push our cross on to another's sympathy, and so to weaken our own character. The moment we have a difficulty, directly we feel the cross, off we run to someone. . . . It is not necessarily wrong. . . . Helping another to bear his cross is very beautiful, but we must not let the other trade upon it. The gift of sympathy is not meant to deprive another of the grace of suffering. My cross is not your cross, and I have no right to ask you to bear it for me; you may help me to carry it, but you have no right to take it off my shoulder. Neither of us has any promise of grace to bear the other's cross. "Every man must bear his own burden." In no other way can we learn how "to bear one another's burdens." The texts run together. The cross is to be taken up by each. Shoulder your cross; don't shunt it. The weight of a cross is often meant to keep us down, to bring us to our knees, to teach us to walk slowly. Not at first, not at once, did Jesus allow Simon to be compelled to share His cross. He bore it alone to falling point; he "endured hardness." Then, and not till then, He accepted Simon's sympathy.

My Scallop-Shell of Quiet

GIVE me my scallop-shell of quiet,
 My staff of faith to walk upon,
 My scrip of joy, immortal diet,
 My bottle of salvation,
 My gown of glory, hope's true gage;
 And thus I'll take my pilgrimage.

Blood must be my body's balmer;
 No other balm will there be given;
 Whilst my soul like quiet palmer
 Travelleth toward the land of Heaven;
 My soul will be a-dry before,
 But, after, it will thirst no more.

—Sir Walter Raleigh.

LIFE AND IMMORTALITY.

Life does not hang on matter, nor on the organization of matter. . . . It is a breath, a spirit, a ray of the Eternal Being, pure, immaterial, above all grosser compounds, simple and indissoluble. In the body it is alloyed and tempered with weakness, shrouded about with obstructions; its faculties pent up by a bounded organization, and its energies repressed by 'the body of this death.' It is Life subjected to the conditions of Mortality. But once dead, once dissolved, and the unclothed spirit is beyond the affections of decay. There is no weariness, nor feebleness, nor wasting away, nor wandering of the burdened spirit; it is disenthralled, and lives its own life, unmingled and buoyant. When the coil of this body is loosed death has done all, and his power is spent; thenceforth and for ever the sleeping soul lives mightily unto God.—*Cardinal Manning.*

DRUDGERY.—I speak as a doctor to nurses, as one who has lived his life among you in the wards, watching your work, always with sympathy and admiration, sharing fully your ideals, yet recognizing more and more, as life goes on, the difficulties of your life, and how hard a matter it is to realize that ideal in the strain and stress and wearying routine of daily life.

Well, that is all very good as far as it goes, but I only see things *from outside*, after all. What does D-R-U-D-G-E-R-Y spell, eh? No escape from the sick-room all day long, and one's patients aren't all exactly saints; and if one does get away for a minute it is only to rush into the arms of the relations, who are just as aggravating, and it may be ten times worse. And then half one's time is spent in only nursing people back to health, with the knowledge that before long they will be just as ill again. What wearying, depressing, heart-breaking work after all it sometimes is. Is that ever the voice from within?

Don't you believe a word of it! You are just the happiest and most fortunate people in the world. Fortunate, for every day of your lives you are given such opportunities as are given to few amongst us, opportunities which many envy you and long to possess, but which are very rarely offered them. You very little know what influence your lives, your acts, indeed often your lightest words, may have, indeed, are constantly having, upon those for whom you work.—*Oswald Browne, M.D.*

P.C.



DEPARTMENT OF MILITIA AND DEFENCE

OTTAWA, 20th March, 1908.

119. 5883-7

Army Nursing Reserve.

Dear Doctor.

The Minister of Militia has been requested by His Excellency the Governor-General to convey the following message from H.R.H. The Princess Christian to the Nurses of Canada:-

"Would you kindly convey to the Nurses my gratification and pleasure at their response to my appeal. It gives me more pleasure than I can express".

Might I ask you if you would give due publication to these kind words from Her Royal Highness.

I am,

Yours very truly,

J. J. Jones

D. G. M. S.

The Editor Canadian Nurse,

The Canadian Nurse

VOL. IV.

TORONTO, APRIL, 1908.

No. 4.

Editorial.

TUBERCULOSIS.

A step in advance in the war against the great white plague is marked in Ontario by the conference held in Toronto on March 4th. His Excellency, in the chairman's address, with his graphic picture of going through a Canadian town in the early morning and seeing the windows shut tight, hit the nail on the head as he always does. His eloquence, his camaraderie, and his zeal for the public welfare would make any meeting a success. Second-hand air is one great trouble.

The delegates from all the counties in Ontario assembled the next day at the Parliament Buildings and laid their views before the Premier, Hon. W. J. Hanna, Hon. Thomas Crawford, Hon. Adam Beck, Hon. Dr. Reaume and other members of the Cabinet. It is felt that the Government will now take the preliminary steps to meet the wishes of the delegates, and later on, formulate a definite policy in regard to the extermination of tuberculosis, so far as it can be done by legislation. We hope in our next number to give some account of another important meeting—the eighth annual meeting of the Canadian Association for the Prevention of Tuberculosis, which takes place at Ottawa as we go to press.

THE GRADUATE NURSES' ASSOCIATION OF ONTARIO.

Preparations for the annual meeting on April 18th are well advanced and we are requested to state that, in addition to addresses already announced, an address on Registration is expected from Miss Meiklejohn, Superintendent of Lady Stanley Institute, Ottawa, and that Dr. Hurd, Superintendent of the Johns Hopkins Hospital, Baltimore, Md., is also expected to be present and deliver an address. The officers desire to make it known that business details will not be allowed to monopolize the programme. Post-graduate work and other live questions, such as a Short Course in Hospital Methods, will be considered. Miss Brent, the Presi-

dent, with her accustomed kindness and hospitality, will welcome the Association to the Maria Robertson Nurses' Home of the Hospital for Sick Children, College Street, Toronto, where the meeting will be held, and also the reception, which will follow the meeting, at 4.30 p.m. Those who desire to join will please forward applications at once. See page iii.

THE TORONTO NURSES' CLUB HOUSE.

The Executive Committee of the Toronto Graduate Nurses' Club are going on enthusiastically with their plans for the fête, under the able leadership of the President, Miss Bowerman. They have decided to send out reply postcards to the nurses of Toronto, asking for help and donations for the fête which is to be given in Massey Music Hall, in November. The fête is to be held in the basement in the afternoons and evenings, and a concert given in the evening in the main hall.

A meeting of the ladies of Toronto, in aid of the project, was held at the Nurses' Residence of the Sick Children's Hospital on Wednesday, March 11th. At this meeting plans were discussed and perfected, and help was promised. A meeting of the nurses of Toronto was held in the Canadian Institute on Friday evening, March 13th, of which an account will be found elsewhere.

THE NATIONAL COUNCIL OF NURSES.

A meeting of the Provisional Committee was held in London at the beginning of the year, and a thoroughly satisfactory and progressive constitution adopted. It is with great regret, and only on account of the pressure on our space, that we abandon our intention of publishing the constitution in full, but the first two articles will show the spirit of it.

ARTICLE I.

Name.

The name of this Association shall be "The National Council of Trained (Registered) Nurses of Great Britain and Ireland."

ARTICLE II.

Objects.

1. To promote mutual understanding and unity between Associations of Trained Nurses in the United Kingdom.

2. Through affiliation with the International Council of Nurses, to acquire knowledge of nursing conditions in every country, to encourage a spirit of sympathy with the nurses of other nations, and to afford facilities for National hospitality.

3. To promote the usefulness and honour, the financial, and other interests of the Nursing profession.

The Constitution was adopted unanimously, and the first meeting of the new body will be held on Friday, May 1st.

DISTRICT NURSING.

We would invite the attention of our readers to the new arrangement between one of the leading hospitals of Canada, the Montreal General Hospital, and the Victorian Order of Nurses. District nursing is of great use to the community, to the hospital and the nurse. It has heretofore been somewhat neglected by our Canadian hospitals. Many of the best hospitals in Great Britain, the Continent and the United States consider it an important and indeed an indispensable part of their work, and we congratulate the Montreal General and the Victorian Order on the new arrangement.

MISS NINA McKELLAR.

Hundreds of nurses and doctors throughout Ontario, and indeed throughout Canada, will learn with sincere sorrow of the death of their friend, Miss McKellar, for seventeen years the Head Nurse of "The Burnside," Toronto General Hospital. After her resignation from the staff of Toronto General Hospital, Miss McKellar fulfilled a long-cherished desire to see the length and breadth of her own country. She returned from the West in the end of last year, and after staying some time with friends in Toronto, left early in January of the present year to pay a visit to Miss Elizabeth Gordon, Superintendent of Pueblo Hospital, Pueblo, Colorado. On her arrival, a cardiac affection, from which she had suffered for some time, took an unfavorable turn, and her illness terminated on March 13th, death being due to angina pectoris.

Miss McKellar was a rare woman. Those who had the privilege of knowing her personally will not need to be reminded of the width of her intellectual interests, and of her kindness of heart. To a wide knowledge of human nature, she joined tact and good judgment, which found great scope in the position which she held so long. Working in professional relations with hundreds of people every year—students, patients, relatives, nurses and doctors—seldom or never did these qualities fail her, and these, joined with careful attention to details and thorough knowledge of her profession, were the foundation of her success.

In her own work, indeed, she was pre-eminent, and many graduating classes of nurses will remember watching her spell-bound, as she would take a sleeping infant a few days old, and dress

it completely in all its clothes without once waking the baby. This feat she accomplished partly by deftness and partly by careful planning not to disturb the infant more than was absolutely necessary. She only turned it twice during the whole performance. Miss McKellar was a good teacher, and many a Canadian mother and child partly owe their comfort and safety at a critical time to the thorough and conscientious way that Miss McKellar, whom mother and baby never saw, and of whom they never heard, had taught the nurse her duties.

Good work is never lost. Its influence lives on and consoles us in part, so far as we can be consoled, when death comes, or when, which is far sadder, accident or sickness comes to close a useful and honorable career.

Miss McKellar was a true woman, a true nurse, and a true Canadian. Nothing that concerned the country or the profession was foreign to her. *Requiescat in pace.*

Editorial Notes.

GREAT BRITAIN.

Great Britain's Legislation.—Mr. Claude Hay introduced the bill for the Registration of Trained Nurses in the House of Commons on Feb. 20th. There are now two bills before the House for State Registration, and one for the Nurses' Official Directory. The latter seems worse than useless. God prosper the right.

An Interesting Occasion.—On June 26th next, the Matrons' Council of Great Britain and Ireland will tender a Complimentary Banquet to Miss Stewart, on the occasion of the 21st anniversary of her appointment as Matron at St. Bartholomew's Hospital.

PORTUGAL.

Sympathy for the Queen.—Nurses, remembering the interest Her Majesty the Queen of Portugal always took in our profession and her kind visit and kind words to the Evesham Cottage Hospital when she last visited England, will not be the last to feel sympathy for the widowed Queen in the desolation brought to her house and family by two terrible crimes.

ENGLAND.

"Very, Very Gentle."—Mother St. George, one of the nuns who went from the Convent of the Faithful Virgin at Norwood in 1857 to the Crimea with Miss Nightingale, is now retiring from active work, at the age of 87, to take a well-earned rest. She says Miss Nightingale was very, very gentle, and a wonderful nurse.

The League of School Nurses.—The Nurses of the London County Council met at the rooms of the British Journal of Nursing, and formed a League, with Miss H. L. Pearse as President, and

Miss Griffin as Secretary-Treasurer. The meeting was a most interesting and enthusiastic one, every nurse, with two exceptions only, being in her place, in spite of a terrible London fog. This augurs well for the future.

The Catholic Nurses' Association.—His Lordship the Bishop of Salford presided at the last monthly meeting of the Catholic Nurses' Association at St. Gertrude's House, Alexandra Park, Manchester, and, in the course of his address, reminded his hearers that, with tact and prudence, much may be done to help the spiritual life of the sick, and helping to save the souls of others is a most sure way to help towards the salvation of one's own soul.

Nurses' Pan-Anglican Meeting.—On June 11th, 1908, in connection with the Pan-Anglican gathering, a special meeting of nurses will be held, to be arranged for by the St. Barnabas Guild, the Church Nurses' Guild, and the Nurses' Missionary League.

For the Queen's Nurse.—Lily Warmen, a little girl five years old, saved up her weekly allowance till she had sixpence, and then gave it to the Queen's Nurse, who had cared for her. Good for her. She knew.

BRAZIL.

The Strangers' Hospital of Rio de Janeiro.—The new Superintendent of the Strangers' Hospital is Miss Beatrice C. Empson of S. Thomas Hospital, London. She has been in the service of the London School of Tropical Medicine, the Army Nursing Reserve, and the Colonial Nursing Association in Northern Nigeria, and is thus remarkably well qualified for her new appointment.

AUSTRALIA

Melbourne's "John Robertson."—Lady Talbot, wife of the Governor of Victoria, paid a visit to the Children's Hospital in order to open the new Nurses' Home, presented by the generosity of the late John Robertson. Lady Talbot congratulated the Nurses on the possession of such a pleasant, well-arranged Home, possessing every modern comfort, and also congratulated the ladies who selected the furniture upon the taste they had shown. It is a happy coincidence that Toronto and Melbourne should both have a Children's Hospital, with a New Nurses' Home, in the same year, and both the gift of John Robertson. But Toronto is even more fortunate than Melbourne. Their Nurses' Home cannot be *quite* so nice as ours, and we have our own "John Ross Robertson" still with us.

Australia's Women's Work Exhibition.—Nurses have won great credit in the Medical and Nursing Section of this Exhibition. Miss Gertrude M. Greaves, one of the nurses, sent in eight exhibits of "Inventions," and won the prize for the best invention in the Exhibition, and also for the best invention by a nurse. Lady Northcote and the Executive have taken a great interest in the Medical and Nursing Section.

State Registration.—Dr. Mackellar has brought before the Legislative Council of New South Wales a bill, providing for the Registration of Nurses, having as its chief object, first, the protection of the public, and, second, the protection of the trained nurse. The Australasian Trained Nurses' Association is in favor of the bill.

FRANCE

Farewell to the Sisters.—The work of the Augustinian Sisters at the Hotel Dieu, at Paris, ended with a great public demonstration. As M. Mesureur, addressing the forty-five Sisters in the Oratory, said, "Although I am compelled to expel the Sisters, yet I have nothing but praise for the way in which they have devoted themselves to our sick." Then the Sisters, many of them weeping, were escorted to the courtyard, where five thousand people were assembled to bid them farewell. Men and women unharnessed the horses, took their places in the shafts, and dragged the omnibuses into the street.

Women as Military Nurses.—The hospital connected with the Military Medical School at Val-de-Grace, near Paris, is to have women as nurses—a great innovation for France. If the plan succeeds, it will then be tried in other French Military Hospitals.

IRELAND.

The Royal Victoria Hospital, Belfast.—This is said to be the "most beautiful hospital in the world." It was built four years ago, and cost £100,000 to build, and £120,000 completely finished. It is built on the bungalow plan, with long corridors, and the ventilation is perfect, warm sterilized air being pumped into the wards on one side and out at the other, the air being renewed ten times in one hour. There are 240 beds.

St. Patrick's Nurses' Home.—The Countess of Aberdeen gave an address at the annual meeting of this Home, in Dublin, and spoke highly of the work of the nurses, who paid 3,600 visits to 2,216 patients last year.

SCOTLAND.

A Nurse as Matron of a Prison.—The Secretary for Scotland has just appointed a trained nurse as Matron of one of the Scottish prisons.

INDIA

The Viceroy of India at a public meeting in Calcutta, said the Lady Dufferin Fund has assisted 25,000,000 women, and quoted Aga Khan to the effect that, when history came to be written, no reform since 1877 would appear to have been of such real benefit to the people of India as the fund raised by the Marchioness of Dufferin to bring skilled medical aid to the women of India.

ITALY.

Anglo-American Nursing Home at Rome.—An addition to this Home has just been opened, on which occasion a large company of guests attended the Armouries and inspected the new wing.

GERMANY

Women as Military Nurses.—The German Government is introducing women as Military Nurses into some of the Military and Naval Hospitals.

CANADA

A Minister of Public Health.—Efforts are being made at present in the Dominion House of Commons to establish this most necessary Department of Public Health, as a part of the Government.

AMERICA

"Zones of Quiet."—The Chicago City Council has established the space of 250 feet in all directions from all the hospitals within the city as a "Zone of Quiet."

The National Meeting of Nurses.—The first week in May brings the annual meeting of the Nurses of the United States, in San Francisco. St. Francis Hotel is headquarters. Golden Gate Hall, on Sutter Street, is engaged for the week, and everything points to a great meeting.

Question Department.

To the Editor of THE CANADIAN NURSE:—

DEAR MADAM,—In bathing typhoid patients, should friction be used when the sponge bath is being given?

ANSWER.—The usual rule is not to give friction in sponging typhoid patients. The strokes of the sponge should be long, steady, firm and even. Friction is not usually considered advisable except in the plunge bath. Then it should always be given, in the form of a brisk rubbing while the patient is immersed in the bath.

To the Editor of THE CANADIAN NURSE:—

DEAR MADAM,—Will your readers be kind enough to tell me whether instruction in Massage forms a part of the curriculum in any small general hospital in Ontario?

SUPERINTENDENT.

ANSWER.—Yes, in a few of the smaller hospitals such as Chatham.

DEAR MADAM,—Can you tell me if there has even been a legal contest in Canada to determine to whom the chart belongs—the family, the nurse, or the doctor? If the patient is in the hospital, is the chart not the property of the hospital authorities? What opinion have your readers on the subject?

INQUIRER.

ANSWER.—Certainly. The chart belongs to the hospital.

Official Department.

THE CANADIAN NURSE has the honor of publishing official information from:

Queen Alexandra's Imperial Military Nursing Service.

The Canadian Permanent Army Medical Service (Nursing Branch).

The Canadian Society of Superintendents of Training Schools for Nurses.

The Association of Hospital Superintendents of Canada.

The Canadian Nurses' Association.

The Manitoba Association of Graduate Nurses.

The Graduate Nurses' Association of Ontario.

The Victorian Order of Nurses.

The Guild of St. Barnabas for Nurses.

The Collingwood G. and M. Hospital Alumnæ Association.

The Calgary Graduate Nurses' Association.

The Edmonton Graduate Nurses' Association.

The Ottawa Graduate Nurses' Association.

The Fergus Royal Alexandra Hospital Alumnæ Association.

The Galt General Hospital Alumnæ Association.

The Guelph General Hospital Alumnæ Association.

The London Victoria Hospital Alumnæ Association.

The Kingston General Hospital Alumnæ Association.

The Montreal General Hospital Alumnæ Association.

The Montreal Royal Victoria Hospital Alumnæ Association.

The Ottawa Lady Stanley Institute Alumnæ Association.

The St. Catharines General and Marine Hospital Alumnæ Association.

The Toronto Central Registry of Nurses.

The Toronto General Hospital Alumnæ Association.

The Toronto Grace Hospital Alumnæ Association.

The Toronto Graduate Nurses' Club.

The Toronto Hospital for Sick Children Alumnæ Association.

The Toronto Riverdale Isolation Hospital Alumnæ Association.

The Toronto St. Michael's Hospital Alumnæ Association.

The Toronto Western Hospital Alumnæ Association.

The Winnipeg General Hospital Alumnæ Association.

The Vancouver Graduate Nurses' Association.

TORONTO GENERAL HOSPITAL ALUMNÆ ASSOCIATION.

Officers, 1907-8: Hon. President, Miss Snively; President, Miss A. Muir, 505 Sherbourne St.; 1st Vice-President, Miss H. Fralick, 12 Selby St.; 2nd Vice-President, Miss M. Tweedie, 53 Langley Ave.; Treasurer, Miss Halbhous, 12 Selby St.; Recording Secretary, Miss Mary Roberts, Grange Ave.; Corresponding Secre-

tary, Miss Samson, 12 Selby St.; Directors: Miss Hall, Miss Burnett, Miss Crosby, 12 Selby St.

Conveners of Standing Committees: Sick Visiting, Miss Alice Stewart, General Hospital; Registration, Miss Lucy Bowerman, Sherbourne St.; Programme, Miss Ida Beam, Selby St.; Social, Miss Younger; Look-out, Miss Baldwin; Press and Publication, Miss M. E. Christie, 19 Classic Ave.; Representative of the Central Registry Board, Miss B. Crosby and Miss Purdy; THE CANADIAN NURSE Representative, Miss Frieze.

THE ALUMNÆ ASSOCIATION OF THE COLLINGWOOD GENERAL AND MARINE HOSPITAL TRAINING SCHOOL FOR NURSES.

Officers, 1907-8: President, Miss J. E. Carr; 1st Vice-President, Miss M. M. Redmond; 2nd Vice-President, Miss M. E. Knox; Secretary, Miss A. I. F. Morton; Assistant Secretary, Mrs. Isabel McBride; Treasurer, Miss J. Cottrill.

Sick Visiting Committee: Misses Dawson, Lord, and Moore.

The meetings are held on the first Thursday of the month at 3 p.m., in the Board Room of the hospital.

THE ALUMNÆ ASSOCIATION OF THE HOSPITAL FOR SICK CHILDREN TRAINING SCHOOL FOR NURSES, TORONTO.

Officers, 1907-08: Hon. President, Miss Brent; President, Miss Gowans, 5 Dupont St.; 1st Vice-President, Miss Barnard, 608 Church St.; 2nd Vice-President, Miss Ellington, 15 Selby St.; Recording Secretary, Miss Cooper, 505 Sherbourne St.; Corresponding Secretary, Miss Robertson, 182 Walmer Road; Treasurer, Miss Mary Hill, 105 Roxborough St. East; Secretary of Invalid Cookery Book, Miss Mary Gray, 505 Sherbourne St.

General Business Committee: Convener, Miss Barbara Goodall, 666 Euclid Ave.; Miss Jenny Gray, Deer Park P.O.; Miss Bennett, 505 Sherbourne St.; Miss Kirkby, 266 Gerrard St.; Miss Adams, 85 Isabella St.; Directors, Miss Halley, 24 Elgin Ave.; Miss Leman, 20 Boswell Ave.; Miss Clark, 85 Isabella St.; Representatives to Central Registry, Miss Cooper, Miss J. Hamilton. Representative on Editorial Board of THE CANADIAN NURSE, Miss Hamilton.

Meetings are held on the second Thursday of the month in the Nurses' Residence at 3.00 p.m.

QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

The following ladies have received appointments as Staff Nurses: Miss F. McClelland, Miss I. Harley.

POSTINGS AND TRANSFERS.

Matrons.—Miss B. I. Jones, to Egypt, from the Q. A. M. Hp., Millbank, London. Miss E. M. McCarthy, R. R. C., to the Q. A. M. Hp., Millbank, London, from C. Hp., Aldershot.* Miss E. J. Martin, to C. Hp., Aldershot, from M. Hp., Chatham.

Sisters.—Miss A. A. Murphy, to M. Hp., Chatham, from M. Hp., Canterbury. Miss H. M. Drage, to T. S. "Plassy" for duty, from R. V. Hp., Netley.

Staff Nurses.—Miss A. R. Sibbald, to T. S. "Plassy," for duty, from C. Hp., Aldershot. Miss M. Byerley, to T. S. "Plassy," for duty, from M. Hp., Portsmouth. Miss A. A. Steer, to Egypt, from M. Hp., Devonport.

ON APPOINTMENT.

Miss K. M. Mathews, to C. Hp., Aldershot; Miss K. H. M. Holmes, to C. Hp., Aldershot; Miss G. H. C. Paynter, to M. Hp., Devonport.

C. H. KEER,

Matron-in-Chief, Q.A.I.M.N.S.

THE regular meeting of the Central Registry Committee was held March 2nd, at 644 Spadina Avenue. Members present, 5. Registrar's report for February showed members to number 260; calls, 122 (Registry 104, personal 18); savings bank account, \$500; current account, \$74.24, and \$250 owing Registry from unpaid fees. Nurses desiring positions should leave their names with the Registrar, who has several letters requesting nurses for institutional work.

ON FRIDAY evening, March 13th, a meeting of nurses was held at the Canadian Institute, Toronto. There was a very good attendance, and all showed their interest in the object, which was to further plans for the "Fair of All Nations," which is to be held in Massey Hall, in November. The different Alumnae Associations offered to each take charge of a booth, and some of the nurses offered the use of their homes for sewing-bees on different afternoons and evenings, when nurses not on cases may join to work for the common cause. This it is hoped will increase the good-fellowship among the nurses, which is one of the main objects of the club.

Hospital and Training School Department.

The Editorial Board beg to state that items for this Department will be welcome, and are published free of charge. Please send them at once, as soon as the events occur, addressed THE CANADIAN NURSE, Toronto, and they will be published as early as possible.

THE Collingwood General and Marine Hospital have just issued a very interesting Annual Report, neatly printed and in every way attractive.

THE Fourteenth Annual Convention of the American Society of Superintendents of Training Schools for Nurses will be held in Cincinnati, Ohio, at The Linton Hotel, April 22nd, 23rd and 24th.

THE fifth issue of the Directory of the Halifax Nurses' Registry is published, and contains the names of thirty-five Trained Nurses and seven Experienced Nurses.

ON Wednesday, March 11th, a meeting of Toronto ladies was held at the residence of the Hospital for Sick Children to make further arrangements for the November Fête, the name of which has been changed to "Fair of All Nations." Many booths were provided for, three or four ladies offering to work together for each. Miss Fitzgibbon, of the "Woman's Historical Association," offered the suggestion that the nurses later consider the idea of joining forces with the other women's associations of Toronto and erecting a "Woman's Building" in Toronto. Dr. MacMurehy suggested the collecting of autographs for sale at the "Fair," and a committee was appointed for the purpose of collecting them. The meeting adjourned, to meet at the same place the afternoon of March 18th.

THE Annual Reunion of the Alumnae Association of the Toronto Western Hospital was held March 12th, at the Nurses' Residence, 24 Rosebury Avenue. A large number of the nurses and friends of the Association spent a most enjoyable evening. Music was provided by the orchestra, and refreshments served.

THE Graduate Nurses' Social Club and their friends were entertained in the pretty Greek Theatre of the Margaret Eaton School on Friday evening, by Mrs. Scott Raff, its principal, assisted by her dramatic class, whose interpretations of rest, ease, poise, and position, etc., were rendered with much grace and naturalness. The songs by Miss Warnock and Mr. Phillips, and the readings by Miss Phillips were most refreshing. Mrs. Timothy Eaton contributed much to the programme by several readings. This very enjoyable programme was concluded by a humorous story, related by Mrs. Scott Raff, whose closing remarks were an invitation to all the nurses to visit the Margaret Eaton School any day at 12 noon. After the programme, all were invited to the principal's private studio, where cake and coffee were served.

A FREE dispensary has been started in Winnipeg, Man.

THE Cornwall General Hospital graduated a class of three recently.

A NEW laundry plant has been added to the Brockville General Hospital.

A NEW \$50,000 building is to be erected for the Jubilee Hospital, at Vernon, B. C.

WORK will soon be commenced on the new \$50,000 Isolation Hospital at London.

THE Anti-Tuberculosis Society, of Ottawa intend to erect and maintain a hospital for consumptives.

MISS LOUISE WATSON, recent graduate of Victoria Hospital, Renfrew, has returned to the institution as Head Nurse.

MISS LIZZIE MERILEES, graduate of 1907, has been appointed operating-room nurse at the Kingston General Hospital.

THE sum of \$11,000 has been subscribed towards the erection of a new building for the Victoria Hospital, at Renfrew.

AT THE last meeting of the T. G. H. Alumnae Association, Mr. T. McKenzie delivered a very interesting address on "The Nervous System."

MISS McKILLOP, late head nurse at the Jubilee Hospital, at Vernon, has accepted the appointment of Matron of the Kelowna, B.C., Hospital.

MISS ISABEL C. TURNER, graduate 1905, has been appointed Assistant Superintendent of Nurses, Fordham Hospital of the Bellevue and Allied Hospitals, New York City.

A CONFERENCE of Visiting Nurses of America is called to meet in Chicago, Saturday, April 25th. This is the first gathering of its kind to be held in this country. It will be a significant meeting of nurses who are engaged in various forms of social betterment work. Addresses will be made by nurses and social workers prominent in the work in this country.

MISS MURDOCH, late superintendent of the Ancon Hospital at Panama, has been selected as Lady Superintendent of Stratford Hospital, as successor to the late Miss Chillman. Miss Murdoch is a native of Wellington County, and graduated at Stratford Hospital. She took post-graduate courses in the States, and was selected by the United States Canal Commission to take charge of the important hospital service on the Panama Canal, where she remained three years. Miss Murdoch will probably assume the duties of her new position in August. Her friends will all welcome her back to her native land, and wish her great success in her new position.

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BRANCH HOUSE

86 St. Peter St., Montreal, Canada

THE new Municipal Isolation Hospital at St. Catharines has been opened.

PLANS have been called for for a new \$140,000 building for the Calgary General Hospital.

IF THE weather permits work will be commenced in March on the new Welland General Hospital building.

MRS. ROBERTS (R. V. H.) has been elected Secretary of the Alumnae Association, in place of Miss Cornell, who is now in New York.

WORK is going on well on the interior of the new Hospital at Orillia. It is expected that it will be opened in the spring or early summer.

MISS BERTHA MCGILLIVRAY (R. V. H., Montreal), has been appointed Assistant Superintendent of St. Luke's Hospital, San Francisco, Cal.

AN interesting practical demonstration was given by the nurses in training (R. V. H.) before the members of the Alumnae Association at their last meeting.

MISS MCGILLIVRAY (R. V. H.) has gone to St. Luke's Hospital, San Francisco, as Assistant Superintendent, and Miss Colvin (R. V. H.) as operating-room nurse.

GLENGARRY private hospital, Montreal, which has been conducted for a number of years by Dr. Fernand Monod, has been closed, and Dr. Monod will practice with his father in Paris.

MISS HELEN RANDAL (R. V. H.), of Montreal, has resigned her position as Superintendent of the Hospital at Rutland, Vt., to accept a similar position in St. Luke's Hospital, San Francisco, Cal.

LAST year between 600 and 700 children were treated in the various wards of the Winnipeg hospitals, so a movement has been started in that city towards the establishment of a hospital for children only.

THE House of Mercy Hospital, at Pittsfield, Mass., has issued a notice to the effect that only those paying \$15 or more a week can be private patients and have the privilege of employing their own physician. The former price was \$10 per week.

THE graduating exercises of the Training School for Nurses (Class 1908) at the Jeffery Hale's Hospital, was held in connection with the annual meeting, February 10th, at 3 p.m., in the McKenzie Memorial Building, the room being handsomely decorated with flags, bunting and potted palms. There was a large attendance of ladies and gentlemen interested in the work of the Hospital. Mr. J. T. Ross, President of the institution, occupied the chair. The graduates' medals were presented and pinned on by

A Tempting Delicacy for the Invalid

THE NURSE'S FAVORITE DIET for her patients during convalescence, when the invalid must be tempted to eat wholesome and easily digested food, is

SHREDDED WHEAT

Nature's perfect health food, it nourishes better than any other cereal. It is simply the whole wheat berry shredded, and made palatable—with health and strength in every shred.

It aids digestion and keeps the bowels in proper working order. Your patients will relish Shredded Wheat Biscuit and Triscuit.



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Mrs. J. T. Ross, who also presented the diplomas and a set of instruments to each graduate. Addresses were made by the Dean of Quebec, Dr. H. R. Ross, and Mr. John Hamilton. The names of the graduates are as follows: Miss Sara Richardson, Quebec; Miss Minnie Macdonald, Toronto; Miss Elsie Mackay, Mrs. Kate Ewing, Lachute, P. Que.

THE Protestant Hospital for the Insane, at Verdun, Que., has been presented by Dr. James Douglass of New York with a farm adjoining the institution, valued at \$42,000. Dr. Douglass is a son of Dr. James Douglass, who, for a long time, was identified with the Beauport Asylum.

THE nurses in training at the Jeffrey Hale's Hospital, Quebec, have just completed a course of lectures on Practical Dietetics, given by Miss Sarah Collins, a graduate of Simmons College, Boston. At the end of the course the nurses were given a written examination, which they all passed satisfactorily.

A MOST delightful lecture and tea was given by the Alumnae Association of St. Michael's Hospital Training School for Nurses, in the Hospital, Tuesday afternoon, February 25th. The lecture was entitled "An Edinburgh Doctor and His Literary Experiences," and was an account of the life of the author of "Rab and His Friends," by the Rev. Alex. Macmillan of Mimico. It was thoroughly enjoyed by all. Rev. Dr. Teefy presided. With him on the platform were Dr. R. B. Nevitt and Dr. Bruce Smith. After the lecture, tea was served, the guests being received by Miss Graves, Miss Greene, Miss Weyer and Miss MacNevin. The tea table was decorated with red roses, red and white being the colors of the school. Among those present were: Dr. and Mrs. Anderson, Dr. and Mrs. McKeown, Dr. and Mrs. King, Mrs. Greene of Clinton; Mrs. Bruce Smith, Mrs. Day, Dr. Helen MacMurehy, Dr. Callaghan and many others.

THE new Minto Hospital at New Liskeard, which has only been opened about 8 months, is a great credit to the town and the Order. The site, which is a very fine one, was given by the President of the Board, Mr. McCamus—three acres on the top of a high hill, with the town at its foot, and a fine view of Lake Temiskaming just beyond. The place is so small (2,500) and so new that the hospital must surprise one. It is red brick, well built and well planned. The corridors are wide, the wards, public and private, airy, cheerful, and well furnished. They have waterworks, electric light, a lift, well equipped operating room, and good supplies of all kinds. They have had over 30 patients at a time in hospital. And when the top flat is finished they will have about 40 beds. The Ladies' Auxiliary is full of life and is at present devising plans for raising money for this good work. Miss Keith, the Superintendent, seems very happy and speaks of the interest everybody takes in her hospital. These two hospitals each serve a large surrounding country, when but for them no help could be had.

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The avoidance of drugs if desired or compatible with any drug.

Whooping Cough

Vapo-Cresolene immediately palliates the attendant paroxysms, inhibits injurious sequelae and with attention to a strengthening diet brings the case to an early termination. Used for twenty-five years with marked success in this disease.

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Alleviates inflammation of the bronchi and prevents bronchial complications.

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Authoritative tests show the vapor to be destructive to diphtheria bacilli. Vaporized Cresolene is prophylactic and adds to the probability of successful treatment.

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In all cases of cough, dyspepsia, rheumatism, neuralgia or grippe, always give

Scott's Emulsion

ALL DRUGGISTS; 50c. AND \$1.00

THE North Bay Hospital has just completed a \$1,500 addition, a good kitchen, serving pantry, and bedrooms over these. And they also contemplate building a new wing to cost \$3,000. This is to contain a new operating room and several new wards, and a lift. At the annual meeting the doctors said they were doing more and more important surgical work, and that the assistance received from Miss Park and her nurses left nothing to be desired, but that the operating room was too small and not suitable in other ways.

Miss Park expects to have her training school started in March. An arrangement has been made by which her nurses will be sent down to the Toronto Home for four months' obstetric and district training.

THE Ladies' Auxiliary is a great strength to the Hospital in North Bay, being very earnest and active. Last year it raised \$1,500 and this year will materially help with the funds for the new wing.

Personals.

THE Editorial Board beg to state that items for this Department will be welcome and are published free of charge. Please send them at once, as soon as the events occur, addressed to THE CANADIAN NURSE, Toronto, and they will be published as early as possible.

MISS CROSBY (T. G. H.) has returned from Waterford, quite well and strong again after her illness.

MISS BIRDIE ROGERS, of Kerwood, Ont., has gone to Philadelphia to take up nursing in the Polyclinic Hospital.

MISS LOUISE WATSON, recent graduate of Victoria Hospital, Renfrew, has returned to the institution as head nurse.

MISS JESSIE CARDIFF (N. Y. Hosp.), who has been abroad several months, is taking up some musical studies along with her nursing work.

MISS POWER and Miss E. M. Chalne (Graduates St. M. Hosp.) left last month for Baltimore, where they will nurse in Dr. Kelly's Private Hospital.

MISS M. WARNICA (Grad. St. M. Hosp.), who has been doing private nursing in Toronto, left on February 28th for Canandaigua, N. Y., to take a position in the Memorial Hospital there.

MISS A. M. ARCHIBALD, who a year since left Truro to take up work in Calgary, reports herself as much pleased with the West. She makes massage a specialty, but also does general nursing, by hourly visitation.



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MISS DOUGAL has accepted a position in the Marion Sims Hospital, Chicago.

MISS ANNIE E. HUTCHISON, of Orillia, has returned from Schenectady, New York, where she was visiting relatives.

MISS MILDRED T. WILSON (T. W. H.), has been appointed Assistant Superintendent at the Western Hospital, Toronto.

MISS A. R. HAWKES, graduate nurse, of Torquay, England, has taken up professional work at Meridan, Sask. Having several years' experience, Miss Hawkes will doubtless succeed well in this field.

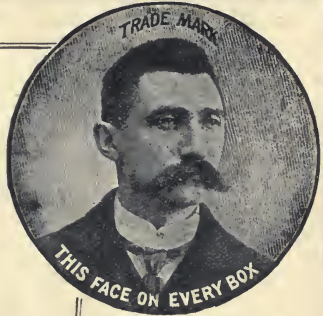
THE Misses May E. Bickell, of Ayr, Linda M. Kaercher, of New Hamburg, Mary A. MacLean of Manilla, and Jennie D. Grant of Woodville are recent graduates of the Galt Hospital Training School for Nurses.

MISS A. ANDREWS left Vancouver in the end of January for Fernie, B.C., where she has opened and established a District Nurses' Home, under the direction of the Victorian Order of Nurses. Miss Andrews has been very busy, but "not too busy," she says, "to read THE CANADIAN NURSE."

"THE CANADIAN NURSE" went and had lunch at that nice place, "The Brown Betty," opposite the King Edward Hotel, Toronto, the other day. Everything was nice and new, and done to a turn, and pretty. Readers of "THE CANADIAN NURSE," who know that Miss Barwick (J. H. H.), is a partner in the "Brown Betty," will be glad, and, at the same time, not at all surprised, to hear that it is already a success, and a very pleasant place to have lunch and tea.

MISS LINA L. ROGERS, R. N., Superintendent School Nurses, N. Y. C., has recently been looking into the system of School Nurses in Philadelphia. Miss Rogers finds the work there being done along very broad lines. A staff of five nurses, with Miss A. Stanley as Superintendent, supplement the work of the Medical Inspectors, treating all minor contagious cases in the school, and visiting the homes to teach the parents how to get their children in proper physical condition for school.

MISS MARTHA O'NEIL has resigned from the King's County Hospital, Brooklyn, N. Y., where she has been Superintendent of the Training School for the past ten years, a position she has most ably filled. Miss O'Neil has given up on account of her health, and the best wishes of the Training School and the Alumnae Association, of which she has been President for five years, go with her. The nurses of the Training School tendered Miss O'Neil a farewell dinner on January 15th, 1908.



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MISS SHANKS, Head Nurse in Dr. Burd's Private Hospital, Blind River, Ontario, is enjoying a vacation at her home, Sault Ste. Marie, Ont. She expects to visit Mattawa, Pembroke, Renfrew and Ottawa before returning to her duties in the hospital.

MISS S. A. BARRINGTON, graduate Aberdeen Hospital, New Glasgow, who last September accompanied a patient to Chicago, has returned, and is now doing private nursing in Halifax. Whilst in Chicago, she had the privilege of attending some lectures at the Polyclinic Hospital, and also of seeing some prominent surgeons operate.

MARRIAGES.

SCHMIDT—DOWNS.—In Belleville, on Feb. 25th, Miss Sadie Downs (St. M. H.), to Mr. F. H. Schmidt of Toronto. Mr. and Mrs. Schmidt will spend the remainder of the winter south.

KLOTZ—SCOVIL.—At Portland, Ont., March 4th, 1908, Miss Stella Scovil, graduate of the General Protestant Hospital, Ottawa, Class 1902, to Dr. Oskar Klotz, of Montreal. Dr. and Mrs. Klotz sailed on March 7th for Germany, where they will spend several months. Mrs. Klotz was for two years Head Nurse in the operating theatre of the G. P. H., and Secretary-Treasurer of The Lady Stanley Institute Alumnae Association.

MULCHY—TAYLOR.—At Paris, Ontario, January 8th, 1908, Miss Maymie E. Taylor (graduate St. M. Hosp.), to Mr. John Mulehy, barrister, of Orillia.

SMYTHE—DOWNS.—At Belleville, Ontario, February 26th, 1908, Miss Sadie Downs (Class '03, St. Michael's Hospital) to Mr. F. E. Smythe, of Toronto.

DEATHS.

SNIDER—Died of "Addison's Disease," at Portage la Prairie, Man., on Feb. 4, 1908, Mr. Marshall B. Snider. Mrs. Snider, formerly Miss Annie M. Brown, was a graduate of the Winnipeg General Hospital Training School, 1895, and has many friends who will deeply regret to learn of her sad loss.

THE MOST SACRED AND HOLY TEMPLE.

We members of a great profession find it to our mutual interest and undeniable advantage to form ourselves into societies. The coming together and getting acquainted, the reading of papers, the orally related cases, the presentation of specimens—these are constant and continual helps; and the discussions that follow, no matter how far apart the views may be, all help to keep awake and develop in us the more advanced ideas in the practice of a profession in which we are bound to use our best efforts to protect and care for that most sacred and holy temple in the universe, the body of man.—*H. M. Hicks, M.D.*

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The Nurse's Library.

The thirty-eighth Annual Report of the Inspector of Prisons and Public Charities of Ontario, upon the Hospitals and Charities, etc., of the Province, has just been issued, and will be read with great interest by all the nurses, and particularly by all who are in any official position, or connected with our hospitals. The genial Inspector, Dr. R. W. Bruce Smith, is the nurses' friend, and indeed, he is everybody's friend, and everybody is his friend, with only enough exceptions to the rule to prove him a good official and public servant. The report of the Doctor deals with the Hospital Associations, Hospitals for Consumptives, the Care of Feeble-Minded Women, and other important topics. We would not be surprised if the Doctor were some day to make special reference in his report to the education and training of nurses. Many important statistics and facts appear in the Report, a book of 117 pages, with a number of fine illustrations.

Brain Health and the Care of the Mind. By MRS. CLARE GOSLETT, M.R.S.I., etc. Allman & Son, Ltd., 67 New Oxford Street, W. Price 6d.

This is one of the well-known "Battle of Life" Series, and is a very attractive and successful presentation of the chief facts of Mental Hygiene. In scarcely fifty little pages, Mrs. Goslett, a member of the Royal Sanitary Institute, discusses the secrets of mental health, the value of wide interests, and the special dangers and safeguards of the mind. It would do anybody good to read this book.

First Aid to the Injured: Six Ambulance Lectures. By DR. FRIEDRICH ESMARCH. Translated from the German by H.R.H. PRINCESS CHRISTIAN. Smith, Elder & Co. Price 2s net.

This little book, now in its seventh edition, has been translated into twenty-seven different languages, and the translation of H.R.H. Princess Christian makes available to English-speaking people one of the best elementary books to be found anywhere. It is quite modern. We observe with interest a series of excellent rules (of the German Electro-Technical Union), for dealing with electrical accidents.

A History of Nursing. By M. ADELAIDE NUTTING and LAVINIA L. DOCK. New York and London: G. P. Putnam's Sons.

Proud was no name for THE CANADIAN NURSE when at last there arrived the first two volumes of this work, handsome in appearance, beautiful in execution, and noble in conception, a work destined to mark an epoch in the history of that profession

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EDITH W. KNIGHT } Institute
HARRY T. WALKER (St. Francis Xavier's Infirmary,
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MAX J. WALTER, Superintendent

of which it is itself a history. The third volume will deal with the history of the last forty years or so in the Nursing world (and may it come speedily from the press!) The first two volumes deal with: I. The Pre-Christian Period. II. From the first to the close of the 18th century. III. From the close of the 18th century to the development of modern nursing. First of all, it occurs to us to say that the industry displayed by Miss Nutting and Miss Dock almost amounts to genius. They must have ransacked the earth, and their work will henceforth be the authority on the subject. Here we read of the Egyptians, the Babylonians, the Hindoos, the Romans, the Jews, and every other people, and what they did for their sick. Coming down to the Dark Ages and the Middle Ages, and the works of the Church, the labours of monks and nuns and saints, and of the military orders, interest never once flags, until, in volume second, we enter on Pre-Nightingale Times and Nightingale Times. This great woman, the founder of modern nursing, has her real biography written here. The last two chapters in the book are, perhaps, after all, the best, "The Development of Nursing in America" and "A Trio of Training Schools" (Bellevue of New York, New Haven and the Massachusetts General, at Boston), all opened in 1873. Following are the bibliography and the index, each of great value. It is no easy matter, in a few words, and with but scant space at our disposal, to sum up what we would say about this great work. Miss Nutting and Miss Dock are both personal friends of the writer, an honour in itself which cannot easily be overestimated. Their eminent abilities have been used to do an eminent service to their sex and to their profession and to humanity, and it must be to them a great satisfaction and comfort to have been enabled to do this work amid the business of their lives. They have dedicated the work, as was fitting, "To ALL MEMBERS OF THE NURSING PROFESSION," and nurses everywhere will receive, in a noble spirit, this noble gift, and place the book in their own libraries, that they may read and enjoy it, and learn from it what nurses have been and what nurses can be.

ALL readers of this Magazine, who have not received a copy of "Women in Banking," written by Mrs. E. B. B. Reesor, and published in the *New York Bankers' Magazine*, will be given one upon application to the Crown Bank of Canada, 34 King Street West, Toronto. The article is illustrated with pictures of the special rooms set apart for women, and, as the privileges of using them and making this down-town Rest Room a meeting place for out-of-town friends or for consultations with their physicians has always been extended to members of the Nursing profession, it will be of interest to you to see what these apartments are like.

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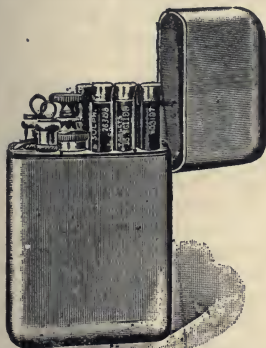
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Publishers' Department.

On account of the extraordinary demand for admission to the Winter Class in the Swedish System of Massage and Gymnastics, Electro- and Hydro-Therapy, which opened the latter part of January at the Pennsylvania Orthopædic Institute and School of Mechano-Therapy (Incorporated), 1711 Green Street, Philadelphia, and at the same time to relieve the considerable number of applications for admission to the Spring and Summer Classes, it has been found necessary to form a second section of the Winter Class, which will open on March 17th. Applicants who wish to join this class are advised to communicate without delay with the Superintendent. Lessons necessarily missed on account of late entry will be repeated without extra charge. Students intending to join the Spring Class, opening on May 14th, or the Summer Class, opening July 8th, will please file their applications at the earliest possible date to secure a vacancy in either class. The rates for the present classes, including the Spring and Summer Classes, will remain the same; but on account of the extensive broadening of the courses in the last few years, the tuition fee will be increased, beginning October 1st, 1908. Additional information may be obtained by addressing MAX J. WALTER, Superintendent, 1711 Green Street, Philadelphia, Pa.

THE BLOOD DYSCRASIAS OF PREGNANCY.—It is evident that the female economy undergoes profound alteration during pregnancy. The slightest failure to throw off either the waste products incident to the necessarily increased physiological activity of the mother, or those resulting from the establishment of the more complex metabolic processes in the fœtus, always tends to create a vicious circle of blood dyscrasia that is not infrequently fraught with great danger. Hence, it is little wonder that slight deviations from the normal during pregnancy often assume certain serious aspects that are out of all proportion to their first importance. Comparatively slight ailments are unknown quantities when met in connection with the pregnant state, and should be treated not on the basis of their apparent significance, but on the basis of their possible dangers. The blood dyscrasias, particularly the anæmias, because they are most easily demonstrable, call for early correction in pregnancy. Vigorous treatment is necessary, and among the really effective therapeutic measures at the command of the profession, Pepto-Mangan (Gude) is especially worthy of prominence. Extensive experience has shown, therefore, that in no condition is Pepto-Mangan more useful or prompt in its results than in the blood dyscrasias of pregnancy. Its immediate action is not only satisfactory, but its extensive use for some time

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Briefly stated, Pepto-Mangan (Gude) is a tonic hematic, unusually potent for good, and absolutely free from harm.

CONCENTRATED DIPHTHERIA ANTITOXIN.—The medical profession is indebted to the Research Laboratory of the Department of Health of New York City for its work in perfecting a method for refining and concentrating antitoxic serum. The expediency of separating the antitoxic principle from the non-antitoxic portion of the accompanying serum had long been recognized, and many attempts made to accomplish such a separation. In 1905, the Research Laboratory began the preparation of antitoxin by this method for distribution throughout New York City. Refined antitoxin has been exclusively employed in New York City Health Department work since then. In 1906, Dr. William H. Park, Director of the Research Laboratory, and Dr. Binford Throne, Resident Physician, Hospital for Contagious Diseases, New York City, reported in *The American Journal of Medical Sciences* the advantages of Refined and Concentrated Antitoxin. In from 10 to 30 per cent. of cases injected with antitoxic serum, pronounced rashes of an urticarial or erythematous type occur. These were shown to be lessened 50 per cent., both in number and severity, by the use of refined antitoxin. The antitoxic effect of refined antitoxin is identical with that of whole serum. It is as well of distinct clinical importance, since it tends to encourage large doses.

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Mental strain breaks down the health almost more rapidly and destructively than physical disease. Notice how long it takes a man or woman to recover from an attack of nervous prostration. See what a complete breakdown often follows even a short period



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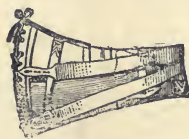
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of intense mental strain. The reason is this: In the case of physical disease, attention is paid at once, and remedies applied. On the other hand, mental strain slowly uses up the entire store of vitality, until at last, when a breakdown comes, there is no reserve strength upon which to draw. People who worry or are under severe mental strain need something which will preserve their strength. Some extra food to build up the reserve force is necessary. Some nourishment which, without taxing the digestion, will immediately be converted into strength. Stimulants are useless. Something which will permanently build up is necessary. Nothing is so good as Scott's Emulsion. It builds up strength faster than any known food. It has been used by the medical profession for thirty years, because it builds strength rapidly without taxing the digestion. It is concentrated nourishment in easily digested form. It contains no alcohol—no narcotic drugs. Scott's Emulsion slips right into the system, immediately strengthening and building nerves and tissues. It is of wonderful benefit to all who work or worry. It gives Nature the material with which to build up perfect health. Begin taking Scott's Emulsion to-day. It will give you increased nerve force, vigor and vitality.—By *Gertrude Touzelle*.

CLAY IN SURGERY. —By John Aikman, M.D. (Glasg.), of Guernsey, Honorary Surgeon, Colonel and Principal Medical Officer, Royal Guernsey Militia; late Surgeon, St. Peter's Port Hospital.—At the outset of the antiseptic system an endeavor was made to incorporate the carbolized oil with whiting in the form of putty, and some very good results were obtained from the putty, especially in cases of compound fractures and contused wounds. Of recent years, by the use of gauze covered by various wools, aseptic or antiseptic, there has been a return to the quietude which the putty secured. . . . Reviewing these observations from the standpoint of the uses of Antiphlogistine, I would place in the first rank its use in keeping at rest, and free from infection on the skin, breasts which it is desirable to rid of milk. Put the Antiphlogistine on thick, and cover with cotton-wool supported by a bandage. In a day or little more, the breasts are normal if the infant is kept out of the mother's sight. The same condition of rest favors the treatment of boils and carbuncles. Pleuritic effusion is controlled on the same principle, and with the advantage over strapping that the dressing can be removed for the daily examination of the chest. In synovitis of the knee, even with fracture of the patella, the closely-moulded dressing secures additional rest to that afforded by a splint, and it may be left on for a considerable time. I have also used it in inflamed glands. The salicylic acid in the oil of winter-green is a good antiseptic in cases in which the skin is fairly normal, and does not irritate.—Reprinted from *The Hospital*, London, Feb. 23, 1907.

The Canadian Nurse

A MONTHLY JOURNAL FOR THE NURSING PROFESSION IN CANADA

VOL. IV.

TORONTO, MAY, 1908.

No. 5

THE PATIENT.

Very few people escape being patients during some portion of their lives, and numbers, alas! have passed a large percentage of their days as the centre of interest in a sick room.

A patient has, first and foremost, to submit, as the most skilful doctor, aided by the best of nurses, can do little or nothing with a fractious patient.

The beginning of an illness is perhaps the most trying time to a patient—I mean, of course, in relation to the nurse. The fiat has gone forth, and the patient, especially if it be someone unused to sickness, awaits the dread arrival of the “trained nurse.” We who are trained nurses ourselves can realize what this means to a sensitive patient—the introduction of a perfect stranger into the innermost seclusion of the home life, which one does not always want laid bare to other eyes. We cannot, therefore, be too particular in creating a favourable first impression, as it is very often a lasting one.

The new patient, gradually becoming more dependent upon the nurse as the illness takes its course, only fully realizes the boon the nurse has been to her when the days of convalescence have slipped away and the sympathetic presence is withdrawn.

To the patient many of the sensations of every-day life are magnified, and complete dependence, lack of self-control, and nervousness must be “antidoted” (if I may use a new verb) by the nurse’s confidence, cheerfulness, and tact. In many cases recovery depends largely upon the nursing—especially is this true in typhoid and all long, tedious diseases. Some nurses scarcely realize the great importance of conscientious nursing in convalescence. At such a time every possible care and precaution should be taken, as the patient’s weak condition renders her particularly susceptible to every change. During the period of convalescence it is quite wonderful how much cheer is brought into the sick room by a message from some friend, or a visit and a bit of news, flowers and sunshine being great factors also. A pretty bedroom has a wonderful effect on the mind when one

is recovering from a long illness. How much should a nurse soothe and while away the hours by cheerful reminiscences and happy, healthy-minded conversation. To a mind weakened by disease, the small worries and cares of daily life appear greatly exaggerated, and should, of course, be kept from the sick room. How much more should any exciting or over-stimulating news, however pleasant, be withheld!

The doctor's visit is, of course, the event of the day—the "daily climax," in fact. The patient seems brighter and better and "puts his best foot foremost," so to speak.

The nurse is really a connecting link, and must bear in mind that any criticism made about the doctor in the patient's hearing is very apt to fix an opinion in her mind unless promptly contradicted. One sometimes find very exacting patients who complain of nurse to doctor and doctor to nurse. This state of things cannot be too much deplored, and it should be the nurse's special care and study to remove any lack of confidence in the physician on the part of the patient and establish a perfect relationship between them. If a patient becomes attached to doctor and nurse, half the battle, be it ever so strenuous, is won, and many a great and lasting friendship has been made during the long, quiet days and nights in the sick room.

No two patients are quite alike, and a nurse will have something to learn with each new charge. There is always much room for the exercise of judgment, for while some sufferers expect constant attention, others only wish to be alone. It is not always the sickest people whose demands are the greatest.

It is proverbial that doctors and nurses make the worst patients. They constantly suspect and watch for new symptoms and complications which are not present! "Physician, heal thyself," is a much harped phrase, but I fancy many doctors and nurses have felt a keen desire to say it in sober earnest when attending patients in their own calling.

What a thankful feeling must be in the heart of every nurse when she sees her patient safely on the high-road to health again—one whose feet, perhaps have been very near the narrow river of death!

Thank God that the old days of "Sarah Gamp" are over, and that in her place we have the modern nurse, qualified to be a help to her patient and a credit in word and deed to her training school!

The patient should have the comfortable feeling that she does not even have to think for herself, but that the kind presence presiding in the sick room anticipates her every want and desire.

KATE B. SIMPSON,

Graduate of the Montreal General Hospital Training School for Nurses.

WESTERN HOSPITALS.

Western Hospitals.—What will not these two words conjure up for any woman who has worked in one. The writer's first acquaintance with one began one glorious July night, when she landed in a north-western town which shall for obvious reasons be nameless. The real superintendent was going away for a much-needed rest for three months, and her newly-arrived substitute to confess the honest truth was possessed by a wandering spirit and a desire for adventure.

An inspection of the hospital and its surroundings the next morning proved fairly encouraging. A red brick building built on the neat but not gaudy architectural lines of a wheat elevator—it was evidently a great beginning—but the directors who planned it could hardly have given much thought to the difficulty of carrying stretchers up two long steep flights of stairs. The rooms were high and airy, the ventilation fair, and (saving grace) there was a small diet kitchen on the second floor which saved many trips to the general kitchen in the basement. The operating-room was on the second floor, had a good north light and was fairly well equipped. The plan of the building was as follows: Basement—comprising kitchen and two bedrooms for servants, furnace room and nurses' dining-room. Ground floor—reception room, superintendent's bedroom, drug room, and ward containing five beds. Second floor—diet kitchen, operating room, two private rooms, one semi-private ward, and one ward corresponding in size to the one on the ground floor. Attic—ward containing four beds, and a small bedroom for the orderly. The great fault in construction of this building had been in making it of so great a height in comparison to its width. Better work could have been done by the nurses had the hospital been planned differently. As the building had only recently been completed the grounds had not been laid out at all, but were strewn with building materials. At the back, however, was a large well-stocked kitchen garden, and at the edge of the clearing the wild roses rioted in all their July glory.

The staff consisted of the superintendent, her assistant, who was not a graduate, but had had considerable experience; one nurse in her second year of training and two probationers of a truly verdant greenness. The substitute was much dismayed when she found her assistant was that much-despised personage "an experienced nurse." She imagined a superior sort of Sairey Gamp—she found a middle-aged English lady, who, although she did not pretend to understand modern operating-room technique, was nevertheless a most admirable nurse. In the truest sense she was experienced. Her unfailing kindness, her willingness to tackle any amount of hard work, and, best of all, her quiet cheer-

fulness, were to teach that young and verdant substitute many sorely-needed lessons.

A cook, a ward maid, and a man of all work composed the domestic staff. Laundry work was done by a woman who came in three or four days a week, as necessary.

During the first three weeks of the new regime the work was comparatively light, which gave some opportunity for the study of domestic problems. The superintendent ardently wished that her education had been a little wider in the art of ordering provender for a household. Her ignorance on the subject of "roasts, boils and stews" was truly profound. For the first time she appreciated the jokes in the comic papers regarding the perplexities of young housekeepers. There were several butchers in the town, all of whom (being subscribers to the hospital funds) had to be propitiated by a certain amount of custom. The wise arrangement had therefore been made that they should supply the hospital "month about" with the necessary meat. On the first of the month the wretched substitute forgot this important fact, with the dire result that the rival butcher boys arrived simultaneously at the back door, and, being enemies already, seized the opportunity to engage in Homeric combat! This was the first domestic tragedy, but by no means the last. The cook was really an excellent worker, but in a very short time the grocery man was observed to stay in the kitchen an abnormally long time when he made his morning visits. Next he took to forgetting things, and made excuses to come up at unseemly hours with odd pounds of butter and packages of cornstarch. The cooking began to suffer in an exact ratio to the progress of the love affair. Finally the inevitable happened, "the glory departed," and an era of chance and change began in the kitchen.

By this time the wards were beginning to fill up. New cases of a severe type of typhoid were brought in one after the other. At first most of these came from construction camps in the vicinity and from lonely ranches—these last invariably attributed their illness to drinking slough water. It would be interesting to learn whether this was the source of infection or not. The general character of the outbreak was hardly typical of typhoid in every respect. Nearly all patients exhibited a temperature curve more analogous to that of malaria, severe chills and sweats were an almost constant symptom even in the milder cases. The mortality was high, probably due to the fact that many cases were not brought under treatment until far advanced in the disease. The Mounted Police found several cases on isolated ranches, where there was no woman to tend the poor fellows. A vivid picture still remains of one poor boy brought in for thirty miles in the police wagon, lying on some hay, delirious, unspeakably neglected and filthy. Strange to say he recovered, despite numerous hemorrhages. Too much cannot be said in praise of the Mounted Police

—that they stand for law and order on these lonely prairies everyone knows, but the fact that they also stand for kindness and human charity in their unostentatious way is not so well appreciated.

Accidents in connection with harvesting and threshing operations began to be fairly numerous at this time. The substitute, much to her grave concern, was occasionally called upon to administer anesthetics at emergency operations, where the patient's life hung upon an exceedingly slender thread. This experience was no doubt valuable, but it was paid for by some very anxious hours.

Not until one bears the all-round responsibility of a superintendent in a small hospital does one realize how comparatively small is the load one carries in a large institution where it is shared by so many. Any sudden emergency, such as hemorrhage at night, must be dealt with as best one could, until the doctor could be notified and given time to reach the hospital, which was some distance from the town. This condition of affairs was rendered worse than usual in this particular town, where the medical brethren by no means dwelt together in unity and therefore showed no great alacrity in helping out either their colleagues or the distracted substitute.

Financial responsibility is another important factor. The Board of Directors assumed this to some extent. But it lay in the province of the superintendent to run things on a properly economical basis and still keep up the efficiency of the institution. She was also expected to collect fees from private and semi-private patients. These accounts and those of the domestic department involved a considerable amount of bookkeeping. Hospital supplies are expensive anywhere, still more so in an isolated country town. The substitute had been taught economy by her preceptors in her Alma Mater, but there the supplies came from an unseen vasty storeroom, and, not wasting them in use, that was all one knew about them. But here the problem suddenly became concrete. In one month the cost of these things was borne in upon that substitute's mind in a way that many lectures during training had failed to accomplish.

The Ladies' Aid were responsible for all domestic supplies, such as linen, crockery, etc.—and here is reached yet another problem for young and rather cocksure superintendents. Somebody should really write a little text-book on "How to get on with Ladies' Aids." The terrors of a Board meeting paled into insignificance before the monthly gathering of this august body. Not that they were unkind, far from it. But their feminine eyes found the weak joints in one's armor at once, and they always managed to make tours of inspection on some particularly trying day when the overcrowded wards and the undernursed patients looked worse than usual. Taken singly they were charming—but en masse—well, it must be confessed, they were a thorn in the flesh—or at least, so they seemed to the much-harassed substitute.

For things were getting worse, every day cots and stretchers were crowded wherever there was a place for them, for the epidemic was breaking out in the town itself. There was no time for teaching the poor probationers very much, the work had to be dragged through somehow. At least it was a comfort to feel that the patients could not have been cared for nearly so well in their own homes. The nurses were terribly overworked, but at least they had a good night's rest, as their bedrooms were in a little cottage away from the hospital. This was a luxury unknown to the superintendent, who seldom escaped being called two or three times during the night. It was not possible to obtain a nurse from Winnipeg, as they were kept too busy—it being the typhoid season there—to care to leave town. There was nothing for it but to fight on and make the best of it.

The one redeeming feature was the loyal support given the substitute by her staff. Never will she forget their quiet, uncomplaining industry and good humor. Under the most trying circumstances they made the best of everything, doing the very best they could for their patients and their hospital. It might be mentioned here that two of them subsequently contracted typhoid, and one died from its effects. She was only nineteen years of age, and her loss was a terrible blow to her parents. May the earth lie light above her. She was one of the many martyrs of her profession.

When things were at their very worst the head of affairs contracted typhoid also and was retired from active service, but not from the scene of action. The walls were thin and sound carried easily, so that dire murmurs of tragedies, domestic and otherwise, were easily heard in her sick room. There was plenty to hear, for the epidemic did not abate, and it was two weeks before a nurse was found to substitute for the substitute! The nights were the worst, for then things got very tangled up, and the tired nerves revenged themselves and bred a host of nightmares. Kipling's "Blanche Nuit" best describes these hideous fevered dreams:

"In intolerable stillness,
Rose one little, little star
And it chuckled at my illness
And it mocked me from afar;
And its brethren came and eyed me,
Called the Universe to aid,
Till I lay, with naught to hide me,
'Neath the Scorn of All Things Made."

But all things come to an end at last, and the substitute, very white and shaky and with an insatiable appetite, was able to sit at her window and watch the first snow of the winter whitening the hills. She had plenty of time to meditate on all she had learned.

Especially had she experienced a change of heart regarding country doctors. She in her conceit had secretly despised them because they did not possess the technical knowledge and skill of those who had been her admiration in her hospital days. But she found now that they possessed something far more precious—the spirit of the Great Healer Himself who went about doing good. She saw them returning from long country drives over unspeakable roads, splashed with mud, drenched with rain and sleet, with little sleep and only such rough fare as the ranches and lonely farms afforded them. They went on their daily round quiet and uncomplaining, bringing God only knows what help and comfort to those who needed it sorely. It seemed to her then, as it does still, that the type of woman needed in Western Hospitals is a type that will correspond to the doctors. Not hide-bound routine workers, but women who can make the best of poor equipment, thorough and conscientious, and endowed with a saving sense of humor.

The work is irregular in character, very heavy at certain seasons of the year, and light to the point of monotony at others. It requires great tact to keep all running smoothly, and above all it requires a great capacity for silence, for small towns are proverbially prone to gossip and the “horrors” at the hospital supply interesting material for thrilling tales.

Of the usefulness of these institutions there can be no question. They are doing a great work in a quiet and unostentatious way, and the writer is glad to have had her small part in such honorable work, even though she paid rather dearly for it. The great fault in administration of this particular institution was in employing no other graduate nurses beside the superintendent. It is not possible for the superintendent, over-burdened as she is with detail, to give proper instruction to probationers, even supposing there were sufficient clinical material, which eighteen beds could scarcely be said to afford. The absence of adequate assistance made the superintendent's responsibility greater than it should have been, and really added to the expense, for graduate nurses would have made up the difference in salaries paid them by economy in time and materials.

Any woman contemplating work in a small Western hospital should have a good domestic training; this is absolutely essential, for the domestic economy of the place will be her particular care. Thorough operating-room training is also necessary, and she should have a fair knowledge of the administration of anesthetics and of elementary drug dispensing. Thus equipped, and with a personality that commands respect and liking, she will find a fruitful field for her energies on our Prairies of the “Last West.”

E. INCLEDON JOHNS,

W. G. H. ('02).

Winnipeg.

DIET FOR THE SICK.

Febrile diseases require some form of diet that will not overtax the weakened digestive organs. Liquid diet is favored as being more easily assimilated, and because a patient can more readily receive a sufficient amount of nourishment in this form. In fever the free use of water is desirable, because the bodily fluids are rapidly reduced, and fluid must be supplied not only to relieve thirst, but to increase volume of blood, and because it exerts a beneficial effect upon the organs of elimination, assisting them to throw off the poison that is apt to accumulate in the system. Plain cold water may generally be given *ad libitum*, but, besides this, it is frequently desirable to use one or more of the numerous beverages which can be prepared to serve the purpose of supplying fluid and at the same time supply nourishment, stimulation or refreshment.

The most nutritious drinks include milk, cocoa, buttermilk, beef tea, meat broths, barley water, rice water, oatmeal water, and toast water. Egg-nog, milk punch, etc., are stimulating as well as nutritious. Tea and coffee are stimulants, and, as a general rule, are not freely given as invalid beverages. Lemonade, orangeade, and other fruit waters are cooling and refreshing.

Light or semi-solid diet includes gruels, thickened broths, cereals, eggs, milk toast, custards, junkets, creams, and light desserts made of rice, tapioca, cornstarch, sago, etc. Milk contains all the necessary elements of nutrition, and is generally the food most relied upon whenever a liquid diet is required. But the stomach may not tolerate an exclusive milk diet given steadily for any length of time, and it is advisable to vary it somewhat. Buttermilk can often be given when the palate rebels against plain milk, or in such cases the milk can often be taken in the form of koumyss. The monotony of an all milk diet may also be varied by flavoring the milk in different ways. Whiskey, brandy, sherry, coffee, vanilla, beef extract, malt extract, and common salt are all used for this purpose. The addition of a little salt is said to favor digestion.

Broths and soups furnish a nutritive and stimulating liquid diet. Where a patient is confined to strictly liquid diet they must always be strained before serving. The best broths and soups are made by using both bone and flesh. The essential point is to draw off all the nutritive juices. The best result is obtained by cutting the meat into small pieces (the fat and skin having first been removed), and allowing one pound of meat or fowl to one pint of cold water. Boil gently until tender or until meat drops from bones. Strain and let cool. When cold remove all fat and warm up as wanted.

BEEF TEA.—To one pint of cold water add one pound of chopped lean beef; let stand two hours; simmer on stove three hours, but

do not boil. Add cold water to make up for water lost, so that a pint of beef tea represents one pound of beef. Press beef carefully and strain. Remove any fat, season and serve hot.

EXPRESSED BEEF JUICE.—Cut a thick juicy steak into small squares; broil over a hot fire until heated through (about one and a half minutes on each side); press out juice with a hot lemon squeezer; season to suit, and serve hot.

KOUMYSS.—Take an ordinary beer bottle and put into it one pint of milk, one-sixth cake of Fleischmann's yeast, or one tablespoon of brewer's yeast and one-half tablespoon of white sugar reduced to syrup; shake thoroughly, cork well, and allow to stand in refrigerator two or three days, when it will likely be ready for use. A quantity may be prepared at one time, and by laying bottles on side after contents are ready for use it will keep for a long time. Unless patent stoppers are available, the corks must be well tied down. To wire them down securely and then draw off contents with a champagne tap is a satisfactory method.

JUNKET.—This is easily digested, nutritious and palatable, also very easily prepared. Take half a pint of fresh milk, heated lukewarm; add one teaspoon essence of pepsin, and stir just enough to mix. Pour into cups; let stand until firm. Serve plain or with sugar and grated nutmeg. Junket tablets may be used instead of pepsin.

MILK TOAST.—Place a slice of toast upon a hot plate and pour over it a small cupful of hot milk seasoned with a little salt—toast should be made of bread that is at least one or two days old.

CREAMED TOAST.—Heat one cupful of rich milk; dip a slice of toast into milk and place toast on hot plate. To milk add two teaspoonfuls of flour or cornstarch thickening, piece of butter and pinch of salt, or it may be sweetened, if preferred. Cook to consistency of thick cream; pour over toast, and serve.

TOAST WATER.—Pour one quart of boiling water over three slices of dark brown toast, broken up. Cover; let stand one hour and strain. Toast water is often found very beneficial in cases of extreme nausea.

EGGS.—The egg is a perfect food, and, when properly served, easy of appropriation by the system. Raw eggs are the easiest digested. The white or albumen portion of egg may be given to very sick patients when yolks are prohibited. In cooking eggs boiling is considered the best method and poaching the next best. By whatever method they are cooked the yolk should be left soft and the whites only coagulated.

WHITE CUSTARD.—Beat white of one egg until very light; add one tablespoonful of sugar and a pinch of salt, and gradually pour on one-half cup of milk. Flavor with any preferred extract and bake in a cup set in a pan two-thirds full of cold water. Have slow oven and bake only until well set. If allowed to bake too long custard will become tough, curdled and indigestible.

GRUELS.—Gruels are made from oatmeal, flour, cornmeal, arrow-root and crackers. They should be well cooked, creamy, smooth and thin enough to pour from feeding cup. Oatmeal and cornmeal gruels are valuable in cases of constipation, but, being heat-producing, are not favored in fevers or inflammatory conditions. Arrow-root gruel is a valuable food, being more easily digested than other starchy foods. In gastric derangements it is especially beneficial.

In relaxed condition of bowels barley water is useful as a nourishment.

A. E. HUTCHISON.

Orillia.

MAY IN NEWFOUNDLAND.

Can it really be the fourteenth of May, with several feet of snow around us, ice in the harbor nearly three feet thick, snow-storms and a cold north-west wind blowing? Yes, spring is here, for have not the snow-buntings arrived and furnished a dainty dish for our table? They are the first to come, others have followed, and when it is warmer we shall awake one morning to hear the woods at the back of the hospital filled with the song of birds.

We are hourly expecting the first mail boat, which brings us into a closer touch with the outside world again. Then we must say "good-bye" to winter. We have not had the rush of work of last year, yet there has been plenty to do. We have had three boys in all the winter. One, a bright little fellow in the "Caro Cot," who suffered from hemorrhage from the lungs several times last winter, and was considered too ill to be removed to the hospital then he has been kept out of doors a great deal, and has reluctantly gone home apparently quite well.

The second boy had tubercular peritonitis. At one time it was feared he would not recover; however, he got quite well, and the last we heard of him was that he was away in the woods, getting wood and shooting birds. The third is a lame boy, with dislocation of the hip. He has got quite fat, and has been learning carpentry and attending night school. He will go home when the boat comes—a better and a more useful member of his family. Many others have come and gone, all benefited by their stay with us.

In the "Cot of the Good Shepherd" is a little girl suffering from scurvy; and in the next cot, "In memory of Mrs. Alexander Ross," lies her mother, suffering from the same poverty disease. The child has a beautifully dressed doll, sent by some wealthy friends, the price of which would have bought them more than one barrel of flour. This poor woman amused me very much one day by saying, "Dr. Grenfell is a wonderful man, he mended

——— arm for him." "We here'd he was made 'The Ruler of the sea.'" "Oh, no, not that," I said. "Well, that's what we here'd, and we here'd he was made next to the King." I explained to her what was the honor as good as being "Ruler of the sea."

Up to the present we have had forty in-patients and no deaths. During Dr. Stewart's absence, we took in a woman with a very bad poisoned hand; two incisions were made and drainage tubes put in. A young man with a badly cut knee was also taken in.

Among the out-patients was a man who wanted to see me. I said, "Well, what is the matter?" He hung his head down and said in deep voice, "Pill." "Yes, but tell me what is the matter." "Pill. Two kinds of pills they told me to get." "What are they for?" "Don't know." "Who are they for?" "My wife." "What is the matter with your wife?" "Got a baby." After this he became more confidential.

One night, just as we were going to bed, some men came from Griquet, twelve miles away, but having to go round a bay instead of across (as the ice was broken up), it made the journey fifteen miles. One man took a burnt piece of rag out of his pocket. It was all that was left of a child's pinafore, who had been badly burnt. "We knew that the Doctor was not at home; but we knew that you would come." It was too dark to go that night. I was up at 5.30 a.m., did the dressings, got the things ready for the burnt child, had breakfast, ordered dinner, and was off at 7.30. The men had ten dogs. After three hours' run we arrived at the house; it was a very small one, with very little in it; a sail hung round the wall to keep the wind and cold from the bed. The poor child lay on a bench near the stove. It appears that she was lighting the fire, when a piece of shaving fell on her pinafore, which immediately caught fire. She ran out to grandmother's house, where her mother had gone to look after the old woman, who was ill. I dressed her fearful burns, and gave her a stimulant, but felt she would not live long.

I then went on to our friend Mr. Alcock for dinner. While here a man came from Quirpon, three miles away, for me to go and see his wife who had been ill for a long time. Immediately after dinner I went with the man. It was a glorious day, and so warm; the sun had made the snow soft for the going, and it was hard work for the dogs—there were only five of them. The man had to run and walk all the way; he got so hot, I felt quite sorry for him.

The poor woman was expecting at a future date her eleventh child, she was very ill, and could never get better there with the house full of noisy children, or without medical aid. I did what I could for her, and told her she must come to the hospital. She said she could not come because she had not a change of clothes to come in. I said, "Well, you are just the very one the hospital is for; so come along as soon as you can. I shall look out for you."

I left her with the promise that she would come. (She has since come, but is still very ill.)

I got back to Griquet about 5 p.m., then went to see the little burnt child. She died shortly after. The little room was full of people. By this time another message had come from another place, five miles away, for me to go and see another woman, but as it was getting late in the evening I decided to stay at Mr. Alcock's house for the night. The following morning I left about eight o'clock for French Beach. I found the woman suffering from congestion of the liver. Having no medicine suitable with me, I promised to send some by the men who were taking me home.

Then the man of the house said to me, "I want you to come to the next house to see a man with a bad foot, which he cut with an axe some time ago. I want to know if I am doing the right thing for it. So off I went. The man was seated on a bench, with his foot resting upon it. I asked what he had been doing to it. He said, "Well, first of all it bled quite a lot. I tied it above the ankle, and after a spell it stopped bleeding. Then I sewed it together and put on it some turpentine, sugar, cream and carbolic acid, all mixed together. After a spell it all fell abroad, and we took out the stitches, for it was no use leaving them in on one side of the wound. Then the foot dropped, so I got a strap and buckled it round the foot and that brought the wound together again, but not so close as when I put the stitches in." I left some ointment I had with me, and then started for home. In doing all this, one experiences deeply the joy of service. I have travelled one hundred miles this winter by dogs and komatik. I rejoice in the opportunity given to do something for these sick ones. There are many other things to interest here. The cows; a pony which, when it first came, the children thought it must be a reindeer. Some pigeons are breeding very quickly; they have even been breeding through the winter, much to our astonishment. The dogs, which in themselves are a great source of interest, and the foxes. One day when I was at the fox farm I saw the white tail of a fox lying on the ground. Alas! a crime had been committed by the pretty little white foxes; they had killed and eaten a brother or a sister. For the first time I have been trying my hand at photography. I particularly wanted to get a good photo of the foxes. One day I stood for more than an hour, trying to get a snapshot of a red fox, which would come peeping out of his hole; but he would not keep still a moment, his head was in all directions. At last—click. When the negative was developed, I found a picture of the run and, at the bottom of the plate, part of the head of the fox.

My Mother's Meeting has been well attended through the winter, and we have spent many a happy afternoon.

Miss Mayou, the Sister for Harrington Hospital, has done much appreciated service, in helping with operations, night nurs-

ing, teaching sewing to the school children, basket making, and night school; while Miss Storr has had charge of the weaving, and a Bible class for women, besides the orphans. Mr. Cushing has been working hard all through the winter. I think the greatest thing he has done is to get a good water supply of spring water right under the hospital, thus saving a great amount of labor. It is pumped up to a cistern on the top of the house, and then comes down to a boiler behind the kitchen stove. He has also devised a plan so that the man pumping can tell when the cistern is full, without having to go to the top of the house. Last winter it would often overflow, and flood the doctor's bed, and two rooms, before the one pumping would think of going upstairs to see how full it was. All the spring cleaning is done. The men's ward has been covered with American oilcloth, and panels are formed with strips of wood, painted in two shades of green. The hall has a new dado of polished pitch pine, and new linoleum for stairs and hall. The kitchen has been painted, and linoleum put down.

When Dr. Grenfel was at his mill last fall, a young man came to see him because of his deafness. He was very dirty, and badly clothed. The Doctor gave orders that he should come to the hospital in the spring. Then first, he was to have a bath; second, to be clothed; third, made to work. He has come—orders have been carried out. We could not understand why he worked without a coat on; yet at the same time he wore a pair of cuffs (gloves with no fingers); he even wore them indoors. At last he was asked why he wore them, and he said "his bed was so clean, he was afraid of making it dirty!" Evidently the cleanliness of the place has made a great impression upon him.

Since writing the above, the poor woman from Quirpon has received the home call. Her gratitude and thankfulness for what was done for her quite touched us all. If we are blessed with only half the blessings she prayed for us, we shall indeed be blessed. We must see what can be done for the many little children she has left behind. I am sure the One who has the mother in his safe keeping, will find a home for some of these, His little ones.

CECILIA WILLIAMS.

St. Anthony's Hospital, French Shore, Newfoundland.

THE BILL.—If all nurses would be as careful about ordering special articles and appliances for the sickroom as they would be if they themselves were paying the bill, there would be fewer complaints about extravagance in graduate nurses.

THE UNEXPECTED.—The element of unexpectedness enters largely into the pleasures of life. It can be used to excellent advantage in planning the convalescent's meals.

Detroit.

C. A. AIKENS

TUBERCULOSIS IN NEWFOUNDLAND.

On Friday, February 28th, a large public meeting was held at St. John's for the purpose of declaring war against tuberculosis in Newfoundland. The chair was taken by the Governor, Sir William MacGregor, M.D., K.C.M.G., C.B., and on the platform were the Roman Catholic Archbishop, the Anglican Bishop, the Chief Justice, clergy of all denominations, medical men and influential citizens.

His Excellency reviewed the history of the science of sanitation from an early date to modern times, showing that the science was an ancient one. He gave some very interesting and alarming statistics. Newfoundland differs from all other civilized countries in the fact that while everywhere else the death rate is diminishing, here it is increasing and consumption is our worst enemy. The number of deaths from this cause has increased 61 per cent. during the last ten years, and one-fifth of the deaths in the Island are due to it. St. John's ought to be one of the healthiest cities in the world. It has a fine situation, pure air from the Atlantic, and a splendid water supply, yet its death rate is alarming.

His Grace the Archbishop, who has always interested himself in matters of public health, was the next speaker. He urged united action, stating his belief that an intelligently organized committee would do much to crush out the Medusa-headed monster which was preying upon the life of our people.

Rightly or wrongly, the introduction of cooking stoves and their substitution for the open fire-places is said to largely account for the increase of consumption. Other speakers followed, and as a result of the meeting an association was formed "to endeavor to check the alarming increase of consumption and generally to improve sanitation."

The officers are: President, The Hon. John Harvey; Vice-Presidents, the Mayor and Dr. Rendell; Secretary-Treasurer, Mr. E. Harvey.

Pamphlets have been circulated by the Government containing valuable information, but it is to the coming generation we must look. It is hard to arouse people of middle age from their indifference and apathy and teach them that it is not "the will of God" that disease should cut down young lives. The teaching of hygiene in the schools is doing much to impress upon the children the importance of fresh air and cleanliness.

E. SOUTHCOTT.

General Hospital, St. John's, Newfoundland.

Clinical Department

OBSTETRICAL BINDERS.

While there are few nurses who share in the delusion so popular among the laity that the use of the obstetrical binder has any permanent effect in "improving the figure," yet the fact remains that the obstetrical binder, so-called, has still many strong advocates among obstetricians and the medical profession generally. The abdominal binder during the puerperal period is still in vogue, and doubtless will continue to enjoy popularity. In common with other bandages the abdominal binder when rightly applied in obstetrical practice is a good thing. When wrongly applied, it, like other bandages, is not only uncomfortable to the patient, but may be distinctly harmful. There are comparatively few things of which it can be said, in dealing with sickness in any form, that, "If it does no good it will do no harm." A thing that does no good usually does harm.

In active obstetrical practice there are some physicians who advise the use of an abdominal bandage during the last three months of pregnancy, especially in cases of a flabby pendulous abdomen. It not only renders the patient more comfortable, but relieves the "stretched feeling," and acts as a support to the abdominal muscles. It is, however, very necessary to seriously caution the patient not to wear it too tight for the sake of appearances, and at the risk of serious trouble later on. Such a bandage has also been used in cases in which the patient was troubled with intestinal gas during pregnancy.

Regarding the use of the abdominal girdle during the puerperal period, even those who have most vigorously maligned it admit that at least it may aid in preventing hemorrhage during the first forty-eight hours. Inasmuch as the nurse and not the physician will usually have the adjustment of the binder, it is well that she should understand that there are dangers connected with its use. The greatest danger, perhaps, is in the fact that it may be too tight and too high. Because this is so is, however, no reason why a nurse should rush to the other extreme and apply it in a loose, slovenly manner.

The straight obstetrical binder, made of coarse cotton doubled, about half a yard wide and long enough to overlap at least two inches on either side (from a yard and a quarter to a yard and a half is the usual length), and which may be fitted to the patient with safety pins, has proven far more satisfactory than the ready-made "fitted" bandage which, in truth, rarely fitted. At least one and one-half dozen safety pins, medium size, should be in readiness to adjust the bandage. If a bandage is worn constantly

too tight and with a pad underneath it during the time in bed, a backward displacement of the uterus, caused by the pressure, frequently results. A bandage that is too high may interfere with stomach expansion.

In the first two or three days immediately following delivery, the abdominal binder when properly applied may be used to advantage in probably the majority of cases. Very frequently the muscles are greatly exhausted and always there is the "gone feeling," because the intestines, that have been for so long crowded, are suddenly given plenty of room. Where the uterus is flabby and inclined to relax, the pad beneath the binder directly above the fundus helps to prevent relaxation. After the first twenty-four hours, unless there are signs of hemorrhage, the pad may be dispensed with. It should also be removed where "after-pains" are frequent and severe.

The distress occasioned by gas in the intestinal tract during the puerperal period may be greatly relieved by a well-fitting bandage.

Any such bandage should be so adjusted as to come well down over the trochanters and kept there. A bandage that is so badly adjusted that it "rides up," is worse than useless, and adds to a patient's discomfort instead of relieving it.

At the time when the patient gets out of bed she will appreciate a properly adjusted bandage even more than when she is in bed. The abdominal muscles have not fully recovered their strength and tone, and the support of a snug bandage will add greatly to her comfort.

In pinning the bandage begin at the umbilicus and pin down first, and then up, arranging snugly the side gores last. A bandage that is slightly curved in the back will not be as quickly soiled, which is a decided advantage. The binder with the perineal strap is not practical because of the impossibility of keeping the perineal strap from becoming soiled or soaked by the lochial discharge, necessitating the change of the whole binder when the upper part would have remained fit for use much longer. If it is possible, a clean binder every day is desirable, but in this, as in other matters, the nurse must be guided by the circumstances of each patient.

Regarding the use of the breast binder during the puerperal period, the best authorities agree as to its value in preventing sagging and consequent distress, in case of large and pendulous breasts.

When for any reason it becomes necessary to dry up the breasts, the roller bandage with cotton batting underneath for padding, is the one most commonly used. Such a bandage should be of heavy cotton four inches wide, and at least ten yards in length.



THE report presented at the Annual Meeting of the Victorian Order shows a continued growth in the work. During the year 1907 two hospitals have withdrawn from the order, viz., Dauphin, Man., and Pictou, N.S. Three new branches have opened. Hospitals at Melfort, Sask., and New Liskeard, and a district at Brantford, Ont. The number of nurses employed and the amount of work done has materially increased. During 1907 our nurses have cared for 10,753 patients, the district nurses making 68,093 visits, 11,911 of which were night calls; 154 1-2 days of continuous nursing were done, 35 Victorian Order nurses are employed in the hospitals, 46 in our training homes and districts, 33 nurses are undergoing training in the homes or hospitals, making a total serving the Order of 114.

THE increase has been 252 more patients nursed, 15,794 more visits have been made in the districts, 334 more night calls have been attended to.

WE are strengthened by having 8 more Victorian Order nurses; 18 nurses have been admitted to the Order; 10 have resigned, 5 of them to be married, 5 for other causes.

SINCE the beginning of the year two new districts have been opened, one in Fernie, B.C., and another in Stratford, Ont. Reports have come of very satisfactory work begun in these new branches. Revelstoke, B.C., has also begun district work in connection with its hospital, a special nurse having recently gone to do this work, viz., Miss Jessie Swyers, graduate General Hospital, St John's, Newfoundland.

A POST-GRADUATE course in District Nursing will be given in the Home of the Victorian Order of Nurses, Ottawa. Apply to the Chief Lady Superintendent, 578 Somerset Street, Ottawa. Also a post-graduate course, with special instruction in Midwifery given at the cases, by an experienced obstetrical nurse. Apply, The Superintendent, 206 Spadina Avenue, Toronto.

The
Guild of



Saint
Barnabas

"Je le pansay ; Dieu le guarit." [I tended him ; God healed him.]

—*Ambroise Paré.*

Canadian District

MONTREAL.—St. John Evangelist, first Tuesday, Holy Communion at M.G.H., 6.15 a.m.
Second Tuesday, Guild Service or Social Meeting, 4 p.m. Third Tuesday, Guild,
Service at St. John's, 8.15 p.m. Last Tuesday, Holy Communion at R.V.H.
6.15 p.m.

District Chaplain—Rev. Arthur French, 153 Mance Street.

District Superior—Miss Stikeman, 216, Drummond Street.

OTTAWA.—The Cathedral, First Monday.

Chaplain—Rev. Canon Kitson, the Rectory.

Local Superior—Miss L. C. Wicksteed, 491, Albert Street.

TORONTO.—St. James' Cathedral Rectory, last Friday, 8 p.m.

Chaplain—Rev. Canon Edward A. Welch, St. James' Cathedral Rectory.

Local Superior—Mrs. Welch.

Secretary—Miss Maud Roger, 5 Howland Ave.

Miss Florence Nightingale, who has recently had a great honor conferred on her, wrote these words of advice to young women: "I would say to all young ladies who are called to any particular vocation, qualify yourselves for it, as a man does for his work. Don't think you can undertake it otherwise. No one should attempt to teach the Greek language until he is master of the language; and this he can only become by hard study. If you are called to man's work, do not exact a woman's privileges—the privilege of inaccuracy, of weakness. Submit yourselves to the rules of business, as men do, by which alone you can make God's business succeed; for He has never said that He will give His success and His blessing to inefficiency, to sketchy and unfinished work."

May Miss Nightingale yet be spared to the country she has served so well, a living example of strength, courage and self-forgetfulness—a noble type of good heroic womanhood.

My Scallop-Shell of Quiet

GIVE me my scallop-shell of quiet,
 My staff of faith to walk upon,
 My scrip of joy, immortal diet,
 My bottle of salvation,
 My gown of glory, hope's true gage;
 And thus I'll take my pilgrimage.

Blood must be my body's balmer;
 No other balm will there be given;
 Whilst my soul like quiet palmer
 Travelleth toward the land of Heaven;
 My soul will be a-dry before,
 But, after, it will thirst no more.

—Sir Walter Raleigh.

FIGHT ON.

"All saints were not sweet, gentle, and amiable *by nature*; some were, but others were not. St. Francis de Sales, who by nature was very passionate; St. Lewis Bertrand, who by nature was gloomy, dark, hard; St. Jerome, who by nature was very fiery and sarcastic, became so by conquering themselves. Fight, and our Lord will reward you in copious measure."—*Father Wilberforce, in the Catholic Nurses' Magazine.*

THE POWER OF PERSONALITY.

At the memorial service held last year in remembrance of Mrs. Agassiz, the late President of Radcliffe College, men of world-wide fame, President Briggs, of Radcliffe, and President Eliot and Professors Goodwin and Norton, of Harvard, spoke of her and her life. It was not a tale of great achievements in the worldly sense. It was a tale of the influence of personality, the story of a woman with a good mind, who by self-forgetfulness and by making the most of all her opportunities, educational and social, made herself respected and loved and a source of inspiration to all who came in contact with her, a woman of such simple dignity, with such evident sincerity and true refinement, that those who listened to her words were unconsciously drawn to respect her views. All her life she worked for the higher education of women. To her efforts in great part the ultimate growth and prosperity of Radcliffe were due; yet in the review of her life these matters found but scanty mention beside her charm and graciousness, her modest yet courageous following of right, her quiet love of all culture.—*The News Letter.*

The Canadian Nurse

VOL. IV.

TORONTO, MAY, 1908.

No. 5.

Editorial.

THE MESSAGE FROM H.R.H. PRINCESS CHRISTIAN.

It was with feelings of the greatest gratification and pleasure that the Editorial Board received and presented to our readers, the nurses of Canada, the gracious and kind message from H. R. H. the Princess Christian, which appeared in full in our last issue. The Editorial Board ordered work on the April number to be stopped, and a zinc plate to be prepared, presenting a fac-simile of the official letter from the Director-General of the Army Medical Service. On account of the fact that our forms were closed, it was unfortunately not possible to express editorially in that number, as we have now tried to do, the feelings of gratitude and loyalty with which we received the kind message of Her Royal Highness.

THE EASTER MEETINGS IN TORONTO.

As we go to press, the annual meeting of the Graduate Nurses' Association of Ontario is in session, with every prospect of a good meeting, and the Canadian Hospital Association is just about to convene. We hope to publish full and interesting accounts of both meetings in our next number.

THE INTERNATIONAL CONGRESS ON TUBERCULOSIS.

This, the first International Congress on Tuberculosis, will meet in Washington, September 21st to October 12th, 1908, and will be an epoch-making event. The Secretary-General, Dr. John S. Fulton, of Washington, will shortly send to our readers special information, but we now gladly draw attention to the importance of this event to nurses. No one who can possibly arrange to be present should on any account miss this great opportunity.

Dr. R. W. Philip, of Edinburgh, to whose initiative the trained nurse owes her opportunity to specialize in this line, is coming to America for the Congress and will also visit Canada.

THE BRITISH ASSOCIATION AT WINNIPEG.

It has been known for some time that the meeting of the British Association for 1909 would be held in Canada, and Winnipeg is to be congratulated on being selected as the place of meeting, August 25th to Sept. 1st, 1909.

The Council of the British Association has nominated Professor J. J. Thomson, F.R.S., Cavendish Professor of Experimental Physics in the University of Cambridge, to be President of the meeting. In 1894 Professor Thomson was awarded one of the Royal medals of the Royal Society, and to this was added in 1902 the Hughes Medal, in recognition of his contributions to the advancement of electrical science, especially in connection with the phenomena of electric discharge through rarefied gases. Two years ago he was the recipient of the Nobel Prize for Physics. The Canadian Government will grant \$25,000 towards the expenses of the Association's visit to Winnipeg. The City of Winnipeg itself proposes to make a grant of \$5,000.

We congratulate the nurses of Winnipeg on this great event before their city. It will be a great meeting.

THE ROMAN RED CROSS ASSOCIATION.

A School for Red Cross Nurses was established in Rome on February 2nd, 1908, and four courses of lectures inaugurated.

1. Anatomy and Physiology.
2. Bacteriology.
3. Operating and Dressing Rooms.
4. Wounds and Fractures in War. First Aid in War and Peace.

These courses will occupy one month each, the Lectures being delivered on Sunday and Thursday at 3 p.m., in the Military Hospital and there will be a final examination. Hitherto there have been no Italian women trained for the nursing of men, but as the appeal of the Italian Government beautifully says:

"Recent wars and public calamities point to us the way to follow in this philanthropic, difficult, and delicate undertaking.

"The example given by many women, and especially by Russian women, on the battlefield of the east, deepens our faith in the hearts of women in the mournful but glorious vicinity of war.

"The episodes in that competition in abnegation, courage, faith, and infinite charity, gave rise to a world-wide hymn of praise to the imperishable glory of the volunteer nurses.

"The episodes in their pain and homesickness could depend on devoted intelligent care, counsel and comfort.

"Our army confides in the affection you nourish for her, and

for the mother country; confides in you, convinced that your loving cares will be the best of medicine.

"Show once again that Italian women, as well as men, know how to suffer and even to die when it be necessary; show that this new army of sisters of charity knows how to attain the same altitude of courage as their sons, husbands, brothers.

"It is in this certainty that our women wish to follow the example given by those of other countries, that the Roman Red Cross Association invites them to follow the courses of instruction in this school.

"The knowledge which you will thus acquire will also render you useful in case of need in your homes; and in observing rules of hygiene."

No woman could read unmoved such a noble appeal. Until wars shall cease (and may God hasten the day), the spirit of Florence Nightingale will still show itself in the lives of military nurses.

FLORENCE NIGHTINGALE.

From the Flagstaff of the Guildhall in London City floated the Red Cross Flag on Monday, March 18th. It was one of the great days of our profession. In the Council Chamber beneath were gathered the authorities of a city which, like Rome of old, is *Imperium in imperio*, to do honor to the founder of the nursing profession, the saviour of the soldier and the succorer of the sick. But she was not there. There stood the Right Honorable the Chamberlain of the city, voicing for the city, the nation, the Empire, and in a true sense for the whole civilized world, their sentiments of admiration, of gratitude, of love, towards the new "Free Sister," and their thankfulness to Almighty God for what she, as leader, has done and inspired others to do. But she was not there. The walls of the stately hall, witnesses of many another ceremony, looked down on the Lord Mayor in robes of State, on the Aldermen in ermine and scarlet, on the Great Seal, the Sword, the Mace, on the representatives of her profession, the Matron-in-Chief of the Army Nursing Service and her assistant, in their brilliant uniforms, and the more sober attire of the hospital and other nursing officials entitled to be present as representatives. It was a noble and memorable occasion, and though great age and failing health prevented her whom they delighted to honor from receiving that honor in person, yet she lives to appreciate it, and to know in what love and esteem she is held by the world.

Sir Joseph Dimsdale, the City Chamberlain, concluded his eloquent address in these words: "Miss Florence Nightingale will live in the hearts of coming generations as an example of true nobility of character, of utter forgetfulness of self. As we contemplate her life we seem to catch the words of the Divine Master,

'I was sick and ye visited Me. Inasmuch as ye have done it to the least of these ye have done it unto Me.' "

Her nephew, Mr. Shore Nightingale, received the certificate and expressed Miss Nightingale's great appreciation of the great honor.

At Miss Nightingale's special request, the usual gold casket was replaced by an oak casket, and the difference in value, a cheque for one hundred guineas, was given to London charities.

The presentation souvenir distributed in the Council Chamber set out the following as the particulars of Miss Nightingale's work and career:

Nursing and Organization in the Crimea and at Scutari, 1854, 1855, 1856.

National Testimonial, known as the "Nightingale Fund," 1856.

Royal Commission on the Sanitary State of the Army, 1857.

Female Nursing and Organization in the British Army, 1858.

Sanitary Conditions of Hospitals and Hospital Construction, 1858.

"Notes on Nursing," published about 1859.

St. Thomas' Hospital Training School for Nurses, established by the Nightingale Fund, 1860.

Sanitary State of the Army in India, 1863.

District Nursing and Workhouse Infirmaries, 1876.

The following is the official description of the casket: An oak box, with bronze ornamentation of oak leaves, indicative of "Endurance," enriched with a beautifully modelled figure representing "Charity." The lid carries a laurel wreath, with the recipient's monogram in enamels and a scroll with an inscription referring to Miss Nightingale's generosity in establishing the Nightingale Homes at St. Thomas' and King's College Hospitals with the £50,000 granted to her by Parliament for her services during the war, also the date of the commencement of her labors in the Crimea and her return from Scutari. On the front of the box are depicted the full arms and supporters of the City of London in bronze and enamels, with two finely modelled soldiers representing the infantry and cavalry regiments of the time of the Crimea. The reverse side has an ornamental panel containing the following inscription:

PRESENTED

By the CORPORATION of the CITY OF LONDON

With Copy of RESOLUTION,

Granting the HONORARY FREEDOM of the CITY

to

MISS FLORENCE NIGHTINGALE.

March 16, 1908.

The side panels carry modelled lions' heads as handles for the box. The casket has been specially designed and executed by Messrs. Skinner & Co., Court and Civic Goldsmiths, 5 and 6 Orchard Street, W.

Editorial Notes.

GREECE.

The Children's Hospital. — The Superintendent of the Children's Hospital established by the Crown Princess of Greece is Miss Klomare, a Greek lady who was trained in the Massachusetts General Hospital at Boston, and who has been endeavoring to found a training school in connection with the hospital. Two of the nurses have recently been sent to America, where they first of all spent six months in studying English, then took the regular course of training at the New England Baptist Hospital, a post-graduate course of three months at the Massachusetts General Hospital, and of six months at the Boston Lying-in Hospital. Since their return to Greece they have been appointed to the staff of the Royal Children's Hospital.

ENGLAND.

An Informal Royal Visit. — The Princess of Wales, attended by Lady Mary Forbes-Trefusis, made an informal inspection of the Grosvenor Hospital for Women and Children in London. The hospital officials were in attendance, and Her Royal Highness expressed to them her approval and pleasure in what she had seen.

AUSTRALIA

The Matrons' Examination. — One of the candidates at the recent examinations for matrons, Miss Groves, who has just been appointed Matron at the Mildura Hospital, applied for permission to write on the examination at Mildura, as she could not present herself at Melbourne. This new and interesting point was decided in her favor and a fee is to be charged to cover additional expense.

GREAT BRITAIN.

Conference of Matrons at the War Office. — It is intended shortly to have a conference of the matrons of the leading hospitals, to discuss schemes of nursing in connection with the new Territorial System of the Army.

Infantile Mortality. — At Caxton Hall, Westminster, on March 24th and 25th, the Second Annual Meeting of the National Conference on Infantile Mortality was held. The first meeting, which was held last year, gave such an impetus to this question that it marked an epoch in the history of public health in England. We await with great interest the publication of the Official

Report of the Conference. Mr. J. J. McKenzie, of the Glasgow Town Clerk's Department, is the Secretary of the Conference.

The Nurses Registration Bill.—But little progress has been made yet in regard to the three bills before the House of Commons. The "Real Bill" has many powerful friends in the House, but it has some enemies.

INDIA

Lady Minto's Indian Nursing Association.—Her Excellency the Countess of Minto presided at the Annual Meeting of this Association, which took place at Government House, Calcutta. The Association was formed to meet the urgent need for some organization to supply trained nurses for India, the late Lady Curzon being the first President. The report of the Chief Lady Superintendent, Mrs. Davies, showed satisfactory and encouraging progress all along the line. Thirty new nurses have been appointed during the year.

GERMANY

Jubilee of the German Nurses' Association.—Our German sisters kept a great Jubilee, two hundred members or more being present. The festivities were of a charming character. Frau Praetorius made a beautiful address, and "every year again" was the wish expressed by all. From 30 members the Association has grown to 1,800 members, 1,600 of whom are nurses. The "Journal" has an income of about \$1,000, and had a credit balance of about \$90 last year. Sister Agnes Karll concludes her report of the Jubilee for the *British Journal of Nursing* in these words: "So you see life is worth while, sharp as the battle may be, and should it cost my life, I know what I pay for."

UNITED STATES.

The Associated Alumnae.—The Eleventh Annual Meeting of the Nurses' Associated Alumnae will be held in San Francisco, May 5 to 8. The meetings will be held in Golden Gate Hall, on Sutter Street, and the headquarters will be the St. Francis Hotel. Some of the topics to be presented are: "The Nurse in Preventive Medicine," "The Nurse in the Public Schools," "Children's Clinics," "Tuberculosis," "The Curriculum," "Nursing the Insane as Part of a Three Years' Course," "Home Life of the Pupil Nurse," "Clubhouses and Registries," "The Question of Nurses' Charges," "The Responsibilities of the Private Duty Nurse in the Associations." The Inter-State Secretary's report will be heard on the last day; also papers on "Progress of Registration in Foreign Lands," "The Effect of Registration in the Profession and on the Individual," "Difficulties of Examining Boards" and "Work of the State Associations After Registration Has Been Secured."

Notes from New York.—Our readers will hear with delight the good news that Miss M. Adelaide Nutting is really coming to

Toronto in September to address the meeting of the Canadian Hospital Association. Miss Nutting will receive the warmest of welcomes in Toronto.

—Great regret is felt at the illness of Miss Rykert, Superintendent of the Post-Graduate Hospital. Miss Rykert, we are glad to say, is recovering satisfactorily.

—Miss Samuel, at the Roosevelt Hospital, has always some Canadian nurses. They are enthusiastic in their loyalty to this fine hospital and its kind and able superintendent.

—The Babies' Hospital is one of the nicest places THE CANADIAN NURSE ever saw, and Miss Mary A. Smith, the Superintendent, always has so many new, useful, up-to-date things for one to see and learn.

—The New York Hospital, St. Luke's, and the Presbyterian, as well as the beautiful Mount Sinai, continue to flourish, but as in days of yore, there is nothing better than Bellevue, where Miss Goodrich's influence and great organizing ability are already beginning to do great things.

Official Department.

THE CANADIAN NURSE has the honor of publishing official information from.

Queen Alexandra's Imperial Military Nursing Service.

The Canadian Permanent Army Medical Service (Nursing Branch).

The Canadian Society of Superintendents of Training Schools for Nurses.

The Association of Hospital Superintendents of Canada.

The Canadian Nurses' Association.

The Manitoba Association of Graduate Nurses.

The Graduate Nurses' Association of Ontario.

The Victorian Order of Nurses.

The Guild of St. Barnabas for Nurses.

The Collingwood G. and M. Hospital Alumnæ Association.

The Calgary Graduate Nurses' Association.

The Edmonton Graduate Nurses' Association.

The Ottawa Graduate Nurses' Association.

The Fergus Royal Alexandra Hospital Alumnæ Association.

The Galt General Hospital Alumnæ Association.

The Guelph General Hospital Alumnæ Association.

The London Victoria Hospital Alumnæ Association.

The Kingston General Hospital Alumnæ Association.

The Montreal General Hospital Alumnæ Association.

The Montreal Royal Victoria Hospital Alumnæ Association.

The Ottawa Lady Stanley Institute Alumnæ Association.

The St. Catharines General and Marine Hospital Alumnae Association.

The Toronto Central Registry of Nurses.

The Toronto General Hospital Alumnae Association.

The Toronto Grace Hospital Alumnae Association.

The Toronto Graduate Nurses' Club.

The Toronto Hospital for Sick Children Alumnae Association.

The Toronto Riverdale Isolation Hospital Alumnae Association.

The Toronto St. Michael's Hospital Alumnae Association.

The Toronto Western Hospital Alumnae Association.

The Winnipeg General Hospital Alumnae Association.

The Vancouver Graduate Nurses' Association.

TORONTO GENERAL HOSPITAL ALUMNAE ASSOCIATION.

Officers, 1907-8: Hon. President, Miss Snively; President, Miss A. Muir, 505 Sherbourne St.; 1st Vice-President, Miss H. Fralick, 12 Selby St.; 2nd Vice-President, Miss M. Tweedie, 53 Langley Ave.; Treasurer, Miss Halbhaus, 12 Selby St.; Recording Secretary, Miss Mary Roberts, Grange Ave.; Corresponding Secretary, Miss Samson, 12 Selby St.; Directors: Miss Hall, Miss Burnett, Miss Crosby, 12 Selby St.

Conveners of Standing Committees: Sick Visiting, Miss Alice Stewart, General Hospital; Registration, Miss Lucy Bowerman, Sherbourne St.; Programme, Miss Ida Beam, Selby St.; Social, Miss Younger; Look-out, Miss Baldwin; Press and Publication, Miss M. E. Christie, 19 Classic Ave.; Representative of the Central Registry Board, Miss B. Crosby and Miss Purdy; THE CANADIAN NURSE Representative, Miss Frieze.

THE ALUMNAE ASSOCIATION OF THE HOSPITAL FOR SICK CHILDREN TRAINING SCHOOL FOR NURSES, TORONTO.

Officers, 1907-08: Hon. President, Miss Brent; President, Miss Gowans, 5 Dupont St.; 1st Vice-President, Miss Barnard, 608 Church St.; 2nd Vice-President, Miss Ellrington, 15 Selby St.; Recording Secretary, Miss Cooper, 505 Sherbourne St.; Corresponding Secretary, Miss Robertson, 182 Walmer Road; Treasurer, Miss Mary Hill, 105 Roxborough St. East; Secretary of Invalid Cookery Book, Miss Mary Gray, 505 Sherbourne St.

General Business Committee: Convener, Miss Barbara Goodall, 666 Euclid Ave.; Miss Jenny Gray, Deer Park P.O.; Miss Bennett, 505 Sherbourne St.; Miss Kirkby, 266 Gerrard St.; Miss Adams, 85 Isabella St.; Directors, Miss Halley, 24 Elgin Ave.; Miss Leman, 20

Boswell Ave.; Miss Clark, 85 Isabella St.; Representatives to Central Registry, Miss Cooper, Miss J. Hamilton. Representative on Editorial Board of THE CANADIAN NURSE, Miss Hamilton.

Meetings are held on the second Thursday of the month in the Nurses' Residence at 3.00 p.m.

THE ALUMNÆ ASSOCIATION OF THE COLLINGWOOD GENERAL AND MARINE HOSPITAL TRAINING SCHOOL FOR NURSES.

Officers, 1907-8: President, Miss J. E. Carr; 1st Vice-President, Miss M. M. Redmond; 2nd Vice-President, Miss M. E. Knox; Secretary, Miss A. I. F. Morton; Assistant Secretary, Mrs. Isabel McBride; Treasurer, Miss J. Cottrill.

Sick Visiting Committee: Misses Dawson, Lord, and Moore.

The meetings are held on the first Thursday of the month at 3 p.m., in the Board Room of the hospital.

QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

The following ladies have received appointments as Staff Nurses: Miss E. J. Barrow, Miss M. E. Jacob, Miss C. M. Pearce, Miss M. I. Taylor.

POSTINGS AND TRANSFERS.

Matrons.—Miss E. Ferguson, to M. Hp., Colchester, from South Africa.

Sisters.—Miss A. A. Wilson, to M. Hp., Middleburg, Cape Colony, S.A., from M. Hp., Pretoria; Miss F. M. Hodgins, to the Q. A. M. Hp., Millbank, London, from Hp., Aldershot; Miss L. M. Toller, to Hp., Aldershot, from Q. A. M. Hp., Millbank, London; Miss E. C. Stewart, to Hp., Aldershot, from South Africa; Miss H. Stuart, to M. Hp., Portsmouth, from Hp., Aldershot.

APPOINTMENTS CONFIRMED.

Staff Nurses.—Miss K. E. Hearn, Miss N. Parke, Miss E. K. Parker, Miss G. M. Bennet, Miss J. Connell.

C. H. KEER,
Matron-in-Chief, Q.A.I.M.N.S.

Correspondence

THE EDITOR THE CANADIAN NURSE:—

DEAR MADAM,—Did you ever get a letter from Paradise before? I venture to say not; so here is a little one now; but this is Paradise, Nova Scotia, and, since coming here, I can easily see why it was given this name. Paradise is in Annapolis County, and is the most charming spot in the world-famed Annapolis Valley. It lies between the North and South Mountains, just one mile from the foot of the South Mountain, and two miles from the North Mountain. The Paradise River curves in and out, and, at this season of the year, it is very full.

Just now I am writing this letter on the piazza, and the river is just a few yards from the garden that is in front of the piazza. Every person in Paradise has a fruit farm—nearly all apples—and I have become very much interested in apple culture, as I knew very little about it before.

My idea was that all one had to do was to plant the trees, and let Nature do the rest; but not so. The ground around the trees must be ploughed every spring, then harrowed, then manure and potash spread all over it, then harrowed again. In July the farmer sows clover, and in the fall this clover is ploughed into the ground.

Then the trees have to be pruned. Where the branches are cut off, the tree is painted to keep the sap in; and then comes the spraying, before the leaves come out. Every tree, from the root to the highest branch, is sprayed with a mixture of Paris green, one pound; blue vitriol, four pounds; lime, one bucket, to a forty-gallon cask of water. This spraying is done three times, once before the leaves come out, again when the blossoms are coming, and again just as the fruit is forming.

Then this is the season of grafting, and I really think this is very wonderful.

I shall return to the hospital before blossom time, but then I have passed through the valley several times, and know how beautiful it looks from the train.

I should like nothing better than remaining here all summer, but I must return to my work, which I am afraid I shall find very much behindhand.

Hoping my letter has not been too uninteresting, and that you are well.

Yours very sincerely,

M. R. M.

Paradise, Nova Scotia.

The Contributors' Club.

EXAMINATION QUESTIONS.

In the First Examination before the Nurses' Examining Board of the District of Columbia, Washington, D.C.

WRITTEN STATEMENT OF CARE OF FEVER PATIENTS.

1. Describe in full the daily routine care of a fever patient.
2. What means would you use to keep the room of a fever case in proper hygienic condition?
3. How often would you feed a patient with high fever, and of what should the diet consist?
4. What means would you use to reduce the temperature of a fever patient?
5. In typhoid cases what symptom would indicate the approach of hemorrhage from the bowels? What precaution would you use? Should hemorrhage actually occur, what would be your treatment while awaiting the arrival of the doctor?

LOCAL GOVERNMENT BOARD, SCOTLAND, EXAMINATION OF NURSES, 1907.

MEDICAL AND SURGICAL NURSING.

Time, 3 hours (only six questions to be answered).

1. How are the pulse and temperature affected in (a) acute pneumonia, (b) acute Bright's disease, (c) cerebral hemorrhage, (d) septic wound, (e) acute peritonitis?
2. What are the signs of grave import in advanced disease of the mitral valve of the heart? What nursing and treatment are required in the circumstances?
3. In what conditions is it dangerous to administer purgative medicines? What symptoms would you observe in such cases?
4. What is the diet suitable for (a) ulcer of the stomach, (b) a case of diarrhea in a child of one year, (c) a case of diabetes mellitus, (d) for a person who has swallowed a sharp stone, (e) a case of scurvy?
5. What instruments, appliances and drugs would you place on the chloroformist's table, when preparing for a surgical operation?
6. Explain what is meant by treating a wound (1) on the aseptic, and (2) on the antiseptic principle.
7. What preparations would you make, and what instruments would you have ready in a case of pleural effusion which is to be drawn off?
8. Describe the instruments and other appliances required for excision of the elbow joint.

SPINAL ANESTHESIA.

This new method of anæsthesia is one of the most interesting topics of discussion at the present time in the medical world. Introduced by Bier in 1899, and greatly improved by him in 1904, when cocain was replaced by stovaine, and adrenalin added to the solution, it is now a distinct help to the surgeon in cases unsuitable for general anæsthesia. The method is not suitable for operations above the level of the umbilicus, and great precautions are taken to keep the fluid, which is injected into the spinal cord at or about the level of the third lumbar interspace, away from the medulla, and consequently the patient's head is always placed high.

At a recent special clinic at Toronto General Hospital, Dr. Bingham operated on two cases on whom spinal anæsthesia had been performed by Dr. Duncan Anderson, one of the Official Anæsthetists to the Hospital. These were respectively the ninth and tenth cases operated on by Dr. Bingham under spinal anæsthesia, and all successfully, so far, though the operator frankly admitted that he was looking for accidents. The death-rate of spinal anæsthesia is higher at present than the death-rate of chloroform, which is 1 in 4,000. In one of the cases shown, where the great toe of the left foot had to be operated on, Dr. Anderson was successful in anæsthetising the left leg only, the right leg retaining all its powers.

A PRAYER.

Whatever I have or may possess will suffice me, but not so as to science and art. Let never the thought arise in me, "I have of knowledge enough," but extend to me the power, the leisure, the burning desire to correct and adjust my accomplishments, and add to them steadily. Great is our art, but the power and extent of the human mind is also vast and its limitation unknowable. Further and further we advance, but in the science of yesterday we find errors to-day, and that of to-day will be questioned to-morrow.

Give me Thy gracious help and protection, O Lord, in the work to which I will go now, that it may prove a blessing to those who will be entrusted to my care.—*The Trio, from the Prayer of an Egyptian Physician.*

Hospital and Training School Department.

The Editorial Board beg to state that items for this Department will be welcome, and are published free of charge. Please send them at once, as soon as the events occur, addressed THE CANADIAN NURSE, Toronto, and they will be published as early as possible.

THE new maternity ward for the Chatham General Hospital was formally opened February 26th. It cost \$11,000, and provides nine rooms.

THE V. G. N. A. have removed their Graduate Nurses' Registry from the "Victorian Order" to the West-end Hospital, Barclay Street, Vancouver, B.C.

THERE was a small but enthusiastic meeting of ladies at the Nurses' Home of the Toronto General Hospital, on Friday, April 3rd, when the plans for the "Fair of all Nations" were further perfected. On May 27th there will be another meeting, held at the residence of the H. S. C., when it is hoped that most of the ladies interested will be present, in order that everything may be put in good working form before the holidays.

A DEPUTATION from the hospitals of Ontario, about 100 strong, waited upon the Provincial Secretary and a number of his colleagues, on the 18th of March, to ask for an increase in the Government grant, on the ground of increased cost of maintenance. The grant last year was at the rate of 20 cents per patient per day, and the deputation suggested an increase to 30 cents per day. The Hon. Mr. Hanna promised that the matter would have due consideration.

THE delegation which waited upon the Government in reference to increased aid to hospitals subsequently organized "The Ontario Hospital Association." Mr. J. A. Hutcheson, K.C., of Brockville, was appointed secretary, and a committee of the delegates was named to appoint the other officers.

THE regular monthly meeting of the Registry Committee was held on Monday, April 6th. Members present, 8. Registrar's report showed members to number 254. Calls for March: Registry, 112; personal, 21. Savings Bank account, \$500; current account, \$46.15; on hand, \$5.50. An important step was taken when the Committee unanimously carried the following: That the Registry Committee form the nucleus of the Nurses' Library for the new club-house by buying "The History of Nursing," by Miss Nutting and Miss Dock, and that \$5 be set aside monthly for the purchase of other volumes. Any contributions for the library, either in books or money, will be gratefully received.

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A CONSUMPTIVE HOSPITAL.—Brantford will erect a Consumptive Hospital this year. A promise of liberal support from the Government has been secured, augmented by handsome private subscriptions. The medical men of the city have the project in hand and, having made such good progress, they feel warranted in making a definite announcement concerning the prospects.

The Women's Home Missionary Society of the Presbyterian Church held their fifth annual meeting in Hamilton last month. Great stress was laid upon the hospital work among the foreigners, as well as Canadians. At Teulon, Wahan, Vegreville (Galician centres), hospitals have been established to meet the needs of these people. At Ethelbert and Lipon nurses have been installed, and good work is being done from the Mission Houses. Then, at Atlin, in the Yukon, the salaries of two nurses are paid by the W.H.M.S., the town paying the running expenses. Mrs. G. Anderson gave an account of the work of the Supply Committee, who attend to the furnishing and equipment of the hospitals. All kinds of clothing and comforts for the poor of the districts are also sent to the various mission centres.

THE Toronto Hospital for Incurables, under the able management of the Superintendent, Miss M. M. Gray, is making good progress, as was shown at the recent graduating exercises, when an interesting and encouraging report was read by the Superintendent. A large audience was present, and among those who took part in the proceedings were His Honor the Lieutenant-Governor, Sir Mortimer Clark, and Lady Clark; the President, Mr. Ambrose Kent; the Rev. W. H. Hincks, D.D., and Dr. J. N. E. Brown, Medical Superintendent of Toronto General Hospital, who gave the address to the graduating class, taking as his subject "The need of the middle classes for trained nurses." Lady Mortimer Clark presented the class pins and diplomas to the graduates: Miss Fanny Scott, Camden East, Ont.; Miss Helen Forsyth, Banff, Scotland; Miss E. Mabel Johnson, Picton, Ont.; Miss Ella Fisher, Creekbank, Ont.; Miss Anna Maney, Niagara Falls, Ont.; Miss Effie Miller, Picton, Ont.; Miss Eleanor Doane, Barrie, Ont.; Miss Tillie Nixon, Toronto; Miss Mary Driscoll, Glenarm, Ont. The Millichamp gold medals for the highest standing were awarded to Miss Helen Forsyth and Miss Fanny Scott. Silver medal for second standing, Miss E. Mabel Johnson. Medal for third standing, Miss Ethel Fisher. The medal for neatness and general executive ability was awarded to Miss Mary Driscoll; prize essay on massage, Miss Johnson; prize for practical application of massage, Miss Fisher. A pleasant reception followed the conclusion of the programme, at which the graduating class received many congratulations.

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THE following programme is announced for the Second Annual Convention of the Canadian Hospital Association, to be held in the Parliament Buildings, Toronto, on Easter Monday and Tuesday, April 20th and 21st, 1908:

Monday, April 20th, 2 p.m.—President's address, Miss L. C. Brent, Superintendent Hospital for Sick Children. "How to Deal with Tuberculosis as a Social Problem," Dr. W. J. Dobbie, Superintendent Weston Sanitarium; discussion by: Drs. Gordon and Kendall, of Gravenhurst, and Dr. Holbrook, Mountain Sanitarium, Hamilton. "The Milk Supply," Dr. Helen MacMurchy, Editor CANADIAN NURSE; discussion by: Dr. Robertson, of Ottawa. "Fumigation," Dr. A. D. Macintyre, Superintendent Kingston General Hospital; discussion by: Miss Miller, Lindsay. Appointment of Nominating Committee. 8 p.m.—Reception by Miss Louise C. Brent, President of Association, at the Nurses' Residence, Hospital for Sick Children.

Tuesday, April 21st, 9.30 a.m.—"Contagious Diseases in Relation to Hospital Management," Dr. Chas. Sheard, Medical Health Officer; discussion by: Miss Brent and Miss Matheson. "Some Observations on European Psychiatric Hospitals," Dr. C. K. Clarke, Superintendent Toronto Hospital for Insane; discussion by: Dr. Ryan, of Kingston, Dr. Hurd, of Johns Hopkins Hospital, Dr. R. Bruce Smith and Dr. D. C. Meyers. "The Hospital and the Public," Del. T. Sutton, Esq., Editor *National Hospital Record*; discussion by: J. W. Flavelle, Esq., LL.D., W. T. White, Esq., J. Ross Robertson, Esq., and J. W. Atkinson, Esq. Report of Nominating Committee. 2 p.m.—"A New Typhoid Hopper," H. E. Webster, Superintendent The Royal Victoria Hospital, Montreal. "The Nursing of Incurable Patients," Miss M. M. Grey, Superintendent Hospital for Incurables. "The Proper Length of the Period of Study for Nurses," Dr. H. M. Hurd, Superintendent Johns Hopkins Hospital, Baltimore; discussion by: Miss Patton, Miss Tolmie and Miss Chesley.

KINGSTON GENERAL HOSPITAL has just published its Sixty-third Annual Report, an attractive, illustrated booklet of some thirty-five pages, which is, in its interest, completeness and the progressive character of the work shown, a model of what such reports ought to be. The historical sketch, from which we take the following, is especially interesting: At the close of the war of 1812 a number of immigrants, with very little means of support, settled in Kingston and the vicinity. Their poverty led to an outbreak of disease among them. With the object of relieving this distress and suffering, a few citizens banded themselves together under the name of The Kingston Compassionate Society. The Society's work increased and in 1821 was taken over by the Female Benevolent Association, which in 1833 appealed to the Legislature of Upper Canada and obtained a grant of £3,000 towards the erection of a hospital. The contracts for the work were

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let in 1833, and the building was completed in 1834, but owing to the lack of means the interior was unfinished until 1837, when a further grant of £500 was received from the Government. During the rebellion of 1837-8, Colonel Bonnycastle was instructed to procure a suitable building for a Military Hospital, and on his advice the building recently completed for a General Hospital was used for a Military Hospital from May, 1838, to June, 1839. In 1841, at the request of Lord Sydenham, the building was changed to some extent and the United Legislature of Canada met there until 1844. In this year the Female Benevolent Association received permission to send their sick poor to the Hospital, and a small grant was made by the Legislature for maintenance. The first meeting of the Board of Governors under the new charter was held November 5th, 1856, Sir John A. Macdonald being among the first Governors. Additions to the Hospital have been made at various times through the generosity of its benefactors. Mr. John Watkins gave the Watkins Wing in 1862. In 1890 Mr. William Nickle bequeathed \$10,000 to the institution and the building for Infectious Diseases bearing his name was erected. The Doran Building for Obstetrical and Gynecological work was erected in 1893 by bequest from Mr. Michael Doran. Dr. K. N. Fenwick in 1895 donated the Fenwick Operating Theatre and friends of the Hospital by subscriptions erected a much needed Nurses' Home in 1904. The Report of the Superintendent, Miss Alice J. Scott, is an excellent one, and records progress in many directions, especially in regard to the new course in Dietetics, conducted by Miss Susie Bawden, graduate of the Boston School of Cooking. The following graduates of the school received appointments during the year: Miss Veale (1895), Superintendent Cottage Hospital, Grand Forks, B.C.; Miss Beatty (1905), Night Supervisor Alexandra Hospital, Montreal; Miss Isabel Turner (1905), Head Nurse Bellevue and Allied Hospitals, Fordham, New York; Miss McCallum (1905), Head Nurse Alexandra Hospital, Montreal; Miss Bouck (1904), Head Nurse Bellevue and Allied Hospitals, Fordham, New York; Miss McIlroy (1905), Head Nurse Alexandra Hospital, Montreal; Miss Mabel MacDiarmid (1906), Assistant Delaware Hospital, Wilmington.

At the April meeting of the Alumnae Association of the Toronto General Hospital, Dr. Helen MacMurchy spoke on "Registration from the Point of View of the Physician and the Public." The only one who loses by Registration is the untrained nurse, who now finds it comparatively easy by the wearing of a uniform to earn \$15 a week without the trouble and expense of a course in a hospital. The British Medical Association, after obtaining reports from its branches throughout the Empire, has almost unanimously put itself on record as approving of Registration for nurses.



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Personals.

THE Editorial Board beg to state that items for this Department will be welcome and are published free of charge. Please send them at once, as soon as the events occur, addressed to THE CANADIAN NURSE, Toronto, and they will be published as early as possible.

MISS GILBY, grad. S. C. H. Hospital, will be second assistant in the Toronto Home.

MCCONACHIE.—On February 27th, to Mr. and Mrs. Geo. B. McConachie, of North Bay, a son.

Mrs. McConachie was Miss Ethel B. Arrell, graduate of Sick Children's Hospital, Toronto, Ont.

MISS M. A. MACKENZIE, B.A., has been appointed Chief Superintendent of the Victorian Order of Nurses.

MISS EVANS, who has been acting superintendent during Miss Eastwood's absence, will remain as her first assistant.

MISS HOLROYD, of Vancouver, has accepted the post of Matron in Dr. Kingston's Private Hospital, Grand Forks, B.C.

ST. JOHN, N.B., has had a third nurse added to its small staff and now offers to do night work. Miss Andrew has gone from Montreal for this purpose.

MISS MENZIES (T. G. H.), has resigned the position of Lady Superintendent in the Northern Pacific Hospital, Tacoma, and is staying at present in Vancouver, B.C.

MISS RACHEL McLEOD (V. G. H.), late Nurse-in-charge of the Operating-room in the Northern Pacific Hospital, Tacoma, Wash., is engaged in private nursing in Vancouver.

ON March 11th Mrs. Thomas Evans, Guelph, quietly observed the fifth anniversary of her marriage. Mrs. Evans (nee Miss Sine Dyke) is a graduate of the Guelph General Hospital class, 1890.

MISS ISABEL TURNER, a graduate of Kingston General Hospital, resigned her position at Fordham Hospital, New York, to take charge of the private wards in the Woman's Hospital, New York City.

THE Nursing Sisterhood in Toronto has received a decided acquisition in the person of Miss Ebba Rydman, of Stockholm, Sweden, who is a graduate of Gotsborg Hospital, Sweden, where the training-school course is two years and the number of beds is about 150. Miss Rydman has had experience in private nursing in Sweden and intends to join the Toronto Central Registry of Nurses.



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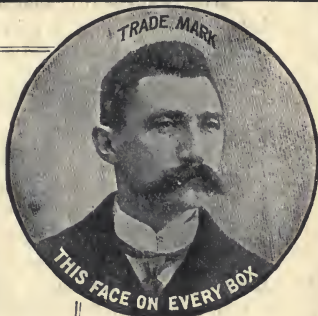
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MISS EASTWOOD, who has been in charge during the interim between Mrs. Smith's (Miss Allen) resignation and the Annual Meeting of the Board of Governors, has returned to her own work in Toronto.

MISS MAUDE BRODDY, a graduate of Toronto General Hospital, and formerly Assistant Superintendent of Grace Hospital, Detroit, has been appointed Superintendent of the South Mississippi Infirmary at Hattiesburg, Mississippi, and took up her new duties there in January, 1908.

MISS MEAGHER, of Watertown, Ontario, a trained nurse practising in Chicago, died at the Nurses' Home on March 21st, from pneumonia, at the early age of 27. Miss Meagher was sent to Crevor, Wis., several weeks ago by Dr. A. R. Edwards to take charge of a patient with pneumonia. So assiduous was her care that he rapidly mended, but Miss Meagher was stricken a day after her charge was pronounced out of danger. She was hurried to Chicago, but every effort to save her life failed. The funeral took place at her old home in Watertown.

THE Rutland Daily Herald, March 24, says: "The position of Superintendent of the Rutland Hospital, which became vacant in November last, has since been very satisfactorily filled by Miss Annie A. Aitken, the former night superintendent. Miss Aitken is a graduate of the Western Hospital, Montreal, and came to us well recommended. She is conscientiously devoted to her profession and her training and experience qualify her to do excellent service. The training school for nurses has been doing quiet but effective work and its members have shown good progress. Miss Aitken is the second daughter of the Rev. Wm. Aitken, of Newcastle, N.B., and the above notice will be read with much pleasure by her many friends here.

ONE of our good Canadian nurses is now a citizen of Paris and has made a place for herself in that great and gay world-centre. Miss Marie A. Tripp, who graduated from the Guelph General Hospital about ten years ago, and then took a Post-Graduate course at the General Memorial Hospital, in New York. Miss Tripp's present residence is 15 Rue Petrarque, in Paris, and she has residing with her, and under her charge, a number of young Canadian girls who are studying in Paris. Any of our friends who are going to Paris or sending anyone there will be delighted to know of this. Miss Tripp's references in Toronto are Mrs. Broughall, of St. Stephen's Rectory, and Dr. Fenton, of Bloor Street.

WE are indebted to the *Nurses' Alumnae Journal* for the following notes from Winnipeg and the West:

MISS NICHOLSON has taken charge of the Dauphin Hospital for three months.

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MISS COBBE is at her home in Baldur, Man., and Miss Lawford at Kisbey, Sask.

MISS JEAN MATHESON has taken charge of the "Tranquille Sanatorium," Kamloops.

MISS ADA ROSS has been appointed Lady Superintendent of the new Selkirk Hospital.

MISS COTTER has taken charge of the operating-room, W. G. H., in Miss Parlett's absence.

MISS HELEN STEWART has been a patient in the hospital with rheumatism, but has now recovered.

MISS V. ERAUT, who has been visiting in England, contemplates a post-graduate course at the Memorial Hospital, New York.

MISS FORREST, who is visiting in Ottawa at present, goes to Lethbridge next month to take charge of the operating-room there.

MISS McMILLAN, of the Fernie, B.C., Hospital, is with her sister in Calgary at present. Miss Cornett is filling the position during her absence.

MISS ANNIE ARMSTRONG, Miss Taggart, Miss Aston and Miss Duncan have graduated. Miss Armstrong is visiting at her home in Lariviere, and Miss Duncan in Morden. Miss Taggart and Miss Aston are doing private work in Winnipeg.

At the last Alumnae meeting a motion was carried to send a letter of condolence to Mrs. Snider (nee Annie M. Brown), of Portage la Prairie. Mr. Snider died on February 4th, after a lingering illness.

At the residence of Mr. and Mrs. D. Ross, Cameron St. Cannington, a quiet wedding took place Tuesday afternoon, when their third daughter, Nellie, was married to Mr. G. Clondsley Brereton, M.D., C.M., of Carnduff, Sask., second son of Dr. and Mrs. C. Brereton, Bethany, Ont. The ceremony was conducted by Rev. W. Findley, the bride being assisted by her sister, Miss Florence Ross, and the groom supported by Captain J. A. Anderson.

LUKES—JONES.—At Dunn Avenue Methodist Church, Parkdale, by Rev. Wm. H. Hincks, Mary, fourth daughter of Benjamin Jones, Esq., London, England, to Samuel Gilbert Lukes, eldest son of Samuel Lukes, Esq., Bradford, Ont.

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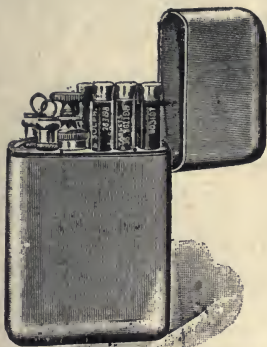
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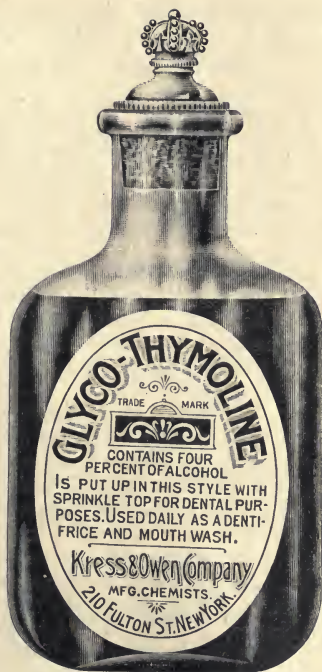
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The Easter number of *The Canadian Pictorial* is a beautiful one, with its pictures of the faces of great Canadians and of famous scenes in Canada as well as home pictures. It is just the same subscription price as *THE CANADIAN NURSE*, and is well worth the money and more. Send it to your friend abroad after you have read it.

Messrs. Whitcourt & Barrows have published a color-chart, or "Register of Foods," prepared by Dr. Goldsbury. It is printed on heavy card, about 1 ft. x 1 1-2 ft., and is, we think, both easily remembered and useful for reference. Teachers of dietetics will be pleased with it.

Wellcome's Professional Nurses' Diary is not only a convenient and suitable diary, but a book containing excellent notes as to emergencies, drugs, measures, baths, poisons, midwifery, etc., etc. It is illustrated by those historical pictures of nurses and nursing and other medical pictures which Messrs. Burroughs Wellcome & Co. have done so much to make known to the professional reader.

The Report of the Commissioner of Education at Washington contains a chapter on the Education and Professional Position of Nurses, by Miss M. Adelaide Nutting, Professor of Hospital Economics in Columbia University. Besides Miss Nutting's own contribution, Miss Gilmour, Miss Drown, Miss Alline, Miss Riddle and Miss Noyes are each responsible for an article of importance. The fact that such an article appears in the Commissioner's Report is a great step in advance, and we can confidently say that nothing equal to it as an authoritative historical statement has yet appeared.

The Visiting Nurse Association of Chicago publishes its Annual Report for 1907, a book of forty pages or more. This Association does a very great work. The staff of nurses numbers thirty, under the able Superintendent, Miss Fulmer, whose name is a household word in the profession. The nurses have made about 100,000 visits in the year and cared for about 15,000 patients. Miss Fulmer's Report is a record of the highest social service.

The Nurses' Alumnae Journal of the Winnipeg General Hospital presents an interesting number as the first of its second volume. Miss Johns contributes a clear and well-informed article on the nurse in fiction. "What we need," as she truly says, "is

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W. Phila. Hosp. for Women, Cooper Hosp., etc.)

HELENE BONSDORFF (Gymnastic Institute, Stockholm,
Sweden).
LILLIE H. MARSHALL } Pennsylvania Orthopaedic
EDITH W. KNIGHT } Institute
HELEN T. WALKER (St. Francis Xavier's Infirmary,
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Pennsylvania Orthopaedic Institute and School of Mechano-Therapy
(Incorporated)

1711 Green Street, PHILADELPHIA, PA.

MAX J. WALTER, Superintendent

a prophet from our own country, who will write from the inside." Every page in the magazine is good, but page two touches our heart, for it contains a kind notice of THE CANADIAN NURSE.

Alice-for-Short. WILLIAM DE MORGAN. Toronto: Henry Frowde.

This is the very book to read in "a long case." It is long, and pleasant and human, and many vastly interesting things do happen in it, especially ghosts. There is a little of everything and everybody in it, including doctors, nurses, and artists—nearly all nice people and no very bad ghosts. It is one of the books best worth reading at present.

Outlines of Psychiatry. By PROFESSOR WILLIAM A. WHITE. New York: The Journal of Nervous and Mental Disease Publishing Co.

This is the first of the series of monographs on nervous and mental disease, edited by Dr. Smith Ely Jelliffe and Dr. W. A. White. This monograph, which is a model one, is not, of course, intended to replace standard works on this subject, but rather to be a guide to the student. The chapters on Treatment and on the Care and Examination of Insane Patients will be of great service to nurses who are in charge of such patients.

Minor Medicine. WALTER ESSEX WYNTER, M.B., B.S., F.R.C.P., F.R.C.S. London: Sidney Appleton.

This book is worth much. It will be perfectly invaluable to those who are expected, as nurses are, to give sensible answers to a great many questions of personal health, from cracked lips to seasickness. As a book of reference in a nurse's library, it will fill a place of its own that no other book, so far as we know, can fill anything like as well. It is clearly and interestingly written and contains in small space a mine of useful information.

The Science and Art of Prescribing. By E. H. COLBECK, M.D., F.R.C.P., D.P.H., and Arnold Chaplin, M.D., D.P.H. London: Henry Kimpton.

This is the 2nd (revised and enlarged) edition of a book at once useful and complete. Nurses who are required to learn much *materia medica*, or who have anything to do with dispensary work, will find this a good reference book. There are, of course, many pages on prescribing proper which will not interest them, but, after all, there are not many books which we use every part of.

The Production and Handling of Clean Milk. By KENELM WINSLOW, M.D., M.D.V., B.A.S. (Harv.) \$2.50. William R. Jenkins Co., 851 and 853 Sixth Avenue, New York.

This is a book that we have wanted for a long time. The only reason that we have not had it sooner is that it is just published.

In all disorders of the respiratory tract in which inflammation or cough is a conspicuous factor, incomparably beneficial results can be secured by the administration of

Glyco-Heroin (Smith)

The preparation instantly diminishes cough, augments expulsion of secretions, dispels oppressive sense of suffocation, restores regular, pain-free respiration and subdues inflammation of the air passages.

The marked analgesic, antispasmodic, balsamic, expectorant, mucus-modifying and inflammation-allaying properties of **GLYCO-HEROIN (SMITH)** explain the curative action of the Preparation in the treatment of

**Coughs, Bronchitis, Pneumonia,
Laryngitis, Pulmonary Phthisis,
Asthma, Whooping Cough**

and the various disorders of the breathing passages.

GLYCO-HEROIN (SMITH) is admittedly the ideal heroin product. It is superior to preparations containing codeine or morphine, in that it is vastly more potent and does not beget the bye-effects common to those drugs.

***Dose.**— The adult dose is one teaspoonful, repeated every two or three hours. For Children of more than three years of age, the dose is from five to ten drops.*

Samples and exhaustive literature bearing upon the preparation will be sent, post paid, on request

**MARTIN H. SMITH COMPANY,
NEW YORK, U.S.A.**

Dr. Winslow is a member of the medical profession, a veterinary graduate, and a graduate in agricultural science. He has been connected with a milk laboratory where the milk supply of a large city was examined, and besides he has had experience on the commercial side of the milk question. He certainly understands what he is talking about, and no one interested in public health can afford to be without the book. Heads of households, hospital workers, nurses, health authorities, aldermen, farmers, milk vendors, and everyone interested in dairying will find the book of the greatest use.

It is complete, plain, practical and correct guide to the production and distribution of clean milk. There is also an outline of a scheme to control, supervise and inspect a city milk supply.

ALL readers of this Magazine, who have not received a copy of "Women in Banking," written by Mrs. E. B. B. Reesor, and published in the *New York Bankers' Magazine*, will be given one upon application to the Crown Bank of Canada, 34 King Street West, Toronto. The article is illustrated with pictures of the special rooms set apart for women, and, as the privileges of using them and making this down-town Rest Room a meeting place for out-of-town friends or for consultations with their physicians has always been extended to members of the Nursing profession, it will be of interest to you to see what these apartments are like.

Publishers' Department.

SPRING AND SUMMER COURSES.—The Pennsylvania Orthopædic Institute and School of Mechano-Therapy (Incorporated), 1711 Green Street, Philadelphia, begs to announce the opening of the Spring class in the Swedish System of Massage, Medical and Corrective Gymnastics, Electro and Hydro-Therapy, on May 14th, and the Summer class on July 8th, 1908. The system taught is the original Swedish (Ling) System, as taught in the Royal Gymnastic Central Institute, of Stockholm, Sweden, with American adaptations. The students receive daily practical lessons and theoretical lectures on the different branches taught, as well as in Anatomy, Physiology and Pathology, besides attending the Nervous and Orthopædic Clinics at three of the largest city hospitals. The institute is equipped with the latest mechanical apparatus, mostly imported from Europe, and the instruction offered is of the highest standing. The fact that 7,344 mechanical treatments were given in 1907, at this institution, is sufficient proof of the exceptional opportunity students have to gain practical experience. The tuition fee will remain the same for the Spring and Summer terms, but on account of the considerable broadening of the courses the rates will be increased after October 1st, 1908. Particulars and application blanks may be obtained by addressing Max J. Walter, Supt.

The Canadian Nurse

A MONTHLY JOURNAL FOR THE NURSING PROFESSION IN CANADA

VOL. IV.

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No. 6

THE CANADIAN NURSE.*

On entering the Conference Hall at Paris and looking about the spacious auditorium, I saw on a broad ledge on one side the Nursing Journals, and conspicuous among these was the familiar form of our own Journal, THE CANADIAN NURSE. The copies were not left long, they were all taken away the first day by those interested in journalistic work. A number of nurses from other lands told me how much they enjoyed our journal and looked forward to getting it.

Our magazine is now in its fourth year. You know its history.

It appeared quarterly for the first two years, and in January, 1907, made its first appearance as a monthly magazine.

There is another evidence of growth, even more important, showing as it does the growing professional feeling among the nurses, and the unity developing, not only among the nurses of our city and Province, but among the nurses of the Dominion.

The Journal was under the management of a Publication Committee composed of members of the Alumnae Association of the Toronto General Hospital for the first year. In 1906 all the Alumnae Associations of the different hospitals in the city were represented on this committee. In 1907, when the Journal became a monthly, the Publication Committee ceased to exist, or rather its place was taken by the Editorial Board comprised of nurses from every Province in the Dominion.

The Editorial Board is now composed of representatives from every Province in the Dominion and every organization of nurses in the Dominion, care having been taken to give representation according to the number of subscribers. This was thought to be the fairest way. Thus you see how THE CANADIAN NURSE has grown to be our National Journal, which was the object from the beginning.

Our National Journal is established; has a good representative board; is in touch with nurses and nursing from end to end of this fair Canada of ours; holds a good position among literature of its

*Read at the Annual Meeting of the Ontario Graduate Nurses' Association.

class (in proof of this let me call your attention to the fact that articles have repeatedly been copied by other Journals). Altogether it is a Journal of which we may be and are justly proud.

This Journal has one *great* need which can be met by the nurses. This, I feel sure, it is only necessary to mention, and you will do your best to meet it and so make our Journal better and its position more assured.

We want MORE SUBSCRIBERS. The life and prosperity of THE CANADIAN NURSE depend on this.

Our mailing list at present numbers only 1,500. This makes it very difficult, and, in some cases, impossible to secure advertisements. We must have advertisements. If every nurse will make this a personal matter and secure us one new subscriber, the problem will be solved.

Each month 1,500 copies of the magazine are published at a cost of \$800.00 per quarter. Of these 250 are exchanged with other Journals and go to advertisers, 1,200 go to nurses. Some of these nurses have forgotten to pay their subscription for this year.

At the beginning of the year about \$30.00 was spent in postage sending reminders that subscriptions were again due. Fully half of these had to be repeated. In a number of cases renewals did not come to hand at the end of the first quarter. This is not as it should be. We all know our subscription ends with the year. Why not be prompt and attend to the matter at once, it means so much to the Business Manager. Printers are not willing to do the work on trust, even if the Editor is good enough to do that very largely.

The *great need* of the Journal is more subscribers. All other difficulties arise out of this. Meet this and the others vanish. It is in the hands of the nurses. It is in your hands. What will you do to help?

The Editorial Board has determined to send THE CANADIAN NURSE to new subscribers for the rest of the year 1908 for fifty cents. How many new subscriptions can you send?

BELLA CROSBY,

President of the Editorial Board.

OUR OWN MAGAZINE.*

Much need not be said before this Association of the work of THE CANADIAN NURSE, it speaks for itself—what its aims and objects are—in no uncertain voice. Everyone here is familiar with the monthly visitor in its quaint, quakerish garb, quite in keeping with the simple uniform, which is the working attire of the body of women it represents.

*Real at the Annual Meeting of the Ontario Graduate Nurses' Association.

It is needless to emphasize the importance the Executive of this Association puts upon their representative journal when we see that they have elected to give time to two papers in its behalf.

We wish to appeal to you not on the ground of mere individual, personal interest, which thinks its duty well done, when it has paid its single subscription for the year. Far be it from me to under-rate the single subscription, but so much more can be done with such a little time and such a little trouble. Our appeal is to your patriotism and your professional pride, two indispensable characteristics of the good working man or woman in all lands.

To begin with, it is our own, our very own Canadian Nursing Journal, and surely in this wonderful new country of ours there

“Breathes not a man (or woman either) with soul so dead,
Who never to himself hath said,
This is my own, my native land,”

and who does not feel interested in all forms of Canadian enterprise. Notice the number of Canadian Clubs that are being organized throughout the land, and with national spirit running so high, should we not strive to have this magazine of ours worthy of the name Canadian?

It must be a matter of pride and satisfaction to all true Canadian Nurses, that our journal has, in so short a time, reached such a high professional standing, receiving enthusiastic mention from the Medical and Nursing press. It speaks volumes for the Canadian hearts and brains, to which our journal owes its birth.

At present it compares favorably with any publication of its kind on this continent, or in other lands. It always gives me a sensation of pride when I take up a nursing or medical journal to see extracts taken from *THE CANADIAN NURSE*. In one of our most recent and lauded works on training school methods, articles are quoted, which made their first appearance in the columns of *THE CANADIAN NURSE*. It makes us realize as nothing else can, that at last we have come into our own, and have a worthy representative journal, of the nursing profession in Canada.

Month by month it takes its journey all over this wide Dominion, from the Atlantic to the Pacific, and to the far off Yukon Territory, bringing its messages, not only of improved nursing methods, proposed solutions of vexed hospital, training-school and private nursing problems, but the dearer, more personal news of friends working in other parts of the field. And I am sure among all the journals which Canadian nurses receive, none are looked for more eagerly than *THE CANADIAN NURSE*.

When Wolfe set out for his memorable victory on the Plains of Abraham, he said of Gray's elegy, "I would rather have written these lines than take Quebec to-morrow." I would rather have been the woman who first voiced the need of *THE CANADIAN NURSE* than occupy the highest position our nursing world has to offer. Yes,

surely it is much to us as patriotic Canadian women that our journal has from the first occupied such a high place in the journalistic circles and in the hearts of our nurses.

Professionally speaking, the number of trained nurses in Canada has reached such magnitude and importance as to become a power in the land; and we must of necessity, like other professions, have an organ to voice our views.

The various Graduate Nurses' Associations, Hospital and Training School organizations are being added to daily, at the meetings of these bodies, advanced methods of work, along all professional lines, are advocated and fully discussed, but where would we be without a professional journal to publish proceedings for the benefit of those unable to attend? Then, again, outside of these societies, frank criticisms of methods in vogue can only be made in our own journal, by our own profession, and would be quite impossible anywhere, save in the columns of a journal devoted to our interests. How many of our various associations would like to be without their official organ? Not the Ontario Graduate Nurses' Association, I feel sure.

Our dignity as a profession demands that our journal shall be of high standing, and in this, and every other, way THE CANADIAN NURSE has realized our expectations. From the very beginning it has been, and continues to be, an unqualified success. If another number were never published, it has done good work—yes, great work—if only for the attitude it maintains on the Provincial Registration question.

Briefly stated, these are a few of the things THE CANADIAN NURSE stands for to us. Now, what is our responsibility to it? Surely we will not stand with our arms folded, when we have the opportunity of helping to hold up the hands of those on whom the burden lies so heavily. Printing costs money, good articles for the journal cost money, editors and assistant editors should, at least, have a fair salary. How can the great body help along this work? We are not all highly gifted, not all have been given the brains, executive ability, and that "infinite capacity for taking pains" which Carlyle defines as genius. But we can at least give our time and thought. Most of us are frequently, in our work, coming in contact with doctors and other nurses; how easy to say a word for THE CANADIAN NURSE—how easy to get a subscription, if only we ourselves are interested enough to ask. That is the point we must be interested in.

Emerson truly says "nothing great was ever achieved without enthusiasm." So in this journal of ours, to make it as great a success financially as professionally, we must have an interest which amounts to a great enthusiasm. And, although we may not be geniuses, yet it may be that some nurse, who all her life long might have remained a "mute, inglorious Milton," may be

stirred to give expression to noble thoughts, to the nursing world, through our endeavors.

Executive heads of hospitals and training schools are in a position to do much towards advancing its interests. Members of hospital trusts and boards of management are very easily induced to subscribe. Visiting doctors and nurses, fall in most readily, and gladly pay the subscription price, in many cases being only too pleased to have the journal brought to their notice.

Superintendents of training schools should impress on nurses, especially during their senior year, their responsibility (I cannot put it more lightly) to their own nursing journal. Presidents of alumnae associations might frequently urge its claims, and find out if there is any other way in which its interests could be furthered. Last, but not least, the private nurse has much influence; very often it is her pleasure to meet with some nurse who has married, and, being out of professional circles, has never even heard of THE CANADIAN NURSE. What more delightful than to reintroduce her to the nursing world through the medium of its pages?

Surely this month every subscriber can pledge herself to get five new subscriptions without laying very heavy tribute on her friends! The price is small—fifty cents for the half-year. They will receive their money's worth many times over. Think what an inspiration to the Editorial Board to have the subscription list increased five-fold! What greater things they would thus be enabled to accomplish, when they have already done so much! We all meet the nurse, who, while a graduate of an American Training School, is still, heart and soul, a Canadian, and rejoices to aid us, as well as give herself pleasure and profit by subscribing for our journal.

Just a few more words, and I will close. There is one other important way in which we can aid our journal—our advertisements. From a financial point of view, they are a most valuable asset, and in no other way can we show the value of our magazine, than by patronizing the various firms there represented. They have shown their faith in the magazine by inserting the advertisement. Is it not important that we shall show them that their faith is not misplaced? Those of us who are in town can ring up the various places for medical supplies, cabs, flowers, biscuits, ice cream, etc., never forgetting to say: "I saw your advertisement in THE CANADIAN NURSE," while out-of-town nurses can make mention of it when sending their orders. It is only a little extra trouble to you, but it will bear good fruit.

These are only some of the ways in which we can help along. More ways will suggest themselves, as we become more interested, and I am sure that, though we may have at times appeared indifferent to its welfare, the year 1908 will show that we do appreciate

the work done by our editor and her assistants, in carrying on the arduous work, necessary in connection with a successful National Magazine of Nursing.

"LONG LIVE THE CANADIAN NURSE."

M. J. E. MORTON.

AN ADDRESS.*

Nurses and doctors are mutually dependent one on the other and ought to work together in perfect harmony in order to attain the best results, thus benefiting the patient and rendering the work easier for both doctor and nurse. No matter how careful the latter may be in preparing the room, instruments, tables and dressings for an operation, all of her trouble is negated if the surgeon allows suture material to trail over objects which have not been sterilized or if the nurse, in lifting up an aseptic dish, places her surgically unclean fingers or thumb on the inner side of that dish. In order to avoid such errors, it is necessary to educate ourselves up to the point where we will appreciate the necessity for such caution. The education of the doctor and nurse must go further. They must be educated to cure disease and also to prevent it, even if such prevention does take the bread and butter out of our own mouths by lessening the number of "cases" which we have the opportunity of seeing. Not only must we, professional men and women, be educated, but the public should receive instruction which will help both themselves and us. At the last annual meeting of the Northern New York Medical Society, the President, Dr. Smith, took as the subject of his annual address the question of "An additional subject to the curriculum of our High Schools," and what he proposed was that the senior scholars should be given a course in personal hygiene and infectious diseases, pointing out that the latter were spread, to a very great extent, through the ignorance of the public of the necessity of complete isolation of all persons who were subjects of contagious affections. Education of the laity in things medical has been going on for centuries, but more especially of late years and, while some of the results have been objectionable, much has been accomplished in preserving and prolonging life. Look at the diseases which have been either practically stamped out or have had their virulence diminished by this means. The people of the Middle Ages had "The Plague" to contend against, epidemic after epidemic sweeping the country as thoroughly as our forest fires clear out whole districts every spring. In the 14th century, 25,000,000 people, or one-quarter of the population of the whole

*Delivered before the Montreal General Hospital Alumnae Association.

of Europe, were destroyed by this disease, and during two years in the 17th century 68,000, or 1-3 of the population of London, died of it. The scientists and laity both began to study this dreadful malady, which was depopulating vast areas, with the result that they have been successful in practically causing its disappearance from civilized countries. To Venice much of the credit of this result is due, she being the first to recognize the value of isolation of cases and detention of suspects, establishing the first quarantine station in 1403.

Typhus fever is another disease which formerly claimed its thousands of victims yearly, but which now, thanks to the hygienic crusades which have been waged by both the laity and the profession, is one of our rarest diseases. Murchison tells us that in 1848 one million cases occurred in England, the disease also spreading to the Continent, but at present what few cases do occur are confined to the locality in which they originate, owing to improved methods of sanitation.

Smallpox formerly carried off about 500,000 each year in Europe. The great historian, Macaulay, says, "the havoc of the plague had been far more rapid, but the plague had visited our shores only once within living memory, but the smallpox was always present, filling the churchyards with corpses, leaving on those whose lives it spared the hideous traces of its powers, turning the babe into a changeling at which its mother shuddered, and making the eyes and cheeks of the betrothed maiden objects of horror to her lover."

What a change from the above has resulted from the discovery of Jenner and the education of the public in the appreciation of the inestimable value of vaccination, the death-rate from smallpox being practically a negligible quantity among the educated classes of the present day.

The education of the public in the care and detection of tuberculosis is having a marked effect upon the mortality from this scourge and we may look forward with some degree of hope to the day when a tuberculous patient will be met with as seldom as is one of typhus at present.

The foregoing leads up to the disease which I wish to bring especially before you this evening. It is one which we cannot hope to stamp out by the education of the public, but the mortality of which we can undoubtedly lower by teaching the laity to be on the lookout for the earliest symptoms and, upon their discovery, to consult their physician. I refer to cancer of the uterus, and I beg of you ladies to assist the physicians in teaching the women with whom you come in contact just as much about the disease as will place them on their guard against it, and intelligent scientific women can do this more efficiently and readily than can we men. This campaign which I am suggesting must be conducted in a most careful and delicate manner, so as not to cause unneces-

sary alarm. No man wants his female relatives to be living in constant dread of this disease, or that their first thought on waking up in the morning shall be, "I wonder if I have cancer yet," but he does want them to be prepared to suspect it when it does begin to show itself, so that they may have some chance of successful treatment.

According to the report of the Registrar-General of Births, Deaths and Marriages in England and Wales for 1907, 19,645 females died of cancer of the uterus during the years 1901-05, most of these being mothers of families. In the same report it is seen that the breast was the organ to be next most frequently affected, but there were 3,300 less deaths from mammary than from the uterine variety. During a period of ten years, there were 629 female patients affected with cancer admitted to the wards of the Montreal General and Royal Victoria Hospitals. Of these, the uterus was the seat of disease in 18.44 per cent, leaving 81.56 per cent. to be divided among all of the other organs of the body, of which the breast was the site in the majority of instances. As stated before, we cannot check the spread of this dread disease, but we can and should increase the percentage of operative cases which are seen by the gynecologist and so lower the rate of mortality, which is at present most appalling. On this continent, out of the large number of cases seen, not more than from 15 to 20 per cent. of patients present themselves sufficiently early to give rise to any hope of cure following even the most radical operative procedure. In Great Britain the percentage of operative cases is somewhat higher than here, reaching 30 per cent. The Germans, however, have been actively working up this scheme of education with their usual thoroughness and this has resulted in their being able to operate on 50 per cent., and, where the abdominal route is selected, 70 per cent. of all cases of uterine cancer seen by the physician. This is a very material advance, and there is no reason why we should not have as high a percentage of operative cases as the Germans. Our women are just as intelligent as their Teutonic sisters and all that they require is judicious education, judicious being written with a very large capital "J."

What are the women to look for?

One cause of failure of early recognition of uterine cancer is the absence of pain. It is a widespread, and often fatal, fallacy that one cannot have cancer without pain. This is a very great mistake, as pain is present in but a small proportion of cases until late in the progress of the disease, when it has spread beyond the uterine tissue and has implicated the uterine nerves.

While age is an important point to be considered in connection with the diagnosis of cancer, it must not be given undue prominence. The usual period at which this disease makes its first appearance is at or near the change of life and therefore

this time is one during which we must be on the *qui vive* for trouble, but I have seen it start in a girl of twenty-one and an old woman of seventy; which I think you will grant is a fairly extensive range.

The earliest symptom is hemorrhage from the uterus. This may be in the form of increased or prolonged flow at the menstrual period or else the appearance of traces of blood at the vaginal orifice after straining at stool or as the result of any of the causes of pelvic congestion, the latter being especially true in the case of married women. As time goes on and the disease advances, this hemorrhage occurs at times other than the above, apparently having no exciting cause, and in the later stages of the disease it becomes of very serious importance by undermining the strength of the patient. After the cancerous mass has begun to ulcerate and break down, the nature of the hemorrhage is almost characteristic. The patient will be quite well, when there is a sudden gush of bright red blood, which continues for a longer or shorter period, and then ceases almost as suddenly as it began. This is caused by the disease eating away the tissues around a vessel, and finally making its way through the vessel wall. The disease progresses and the flow of blood keeps up until the whole thickness of the vessel is eaten through and the inner coat contracts and so stops the escape of the contents of the vessel. Although, as previously stated, the appearance of blood from the uterus after the menopause must always be considered serious, I am glad to say that it does not always mean that the patient has cancer. It may be due to a form of endometritis, which, when it occurs in elderly females, is called "senile endometritis"; to myomatous disease, atheromatous changes affecting the walls of the vessels, displacements of the uterus or to some general systemic disturbance, such as any obstruction to the circulation. The diagnosis between these various diseases is usually comparatively simple, although the use of the curette may be necessary in some cases.

Another symptom which shows itself early is a leucorrheal discharge. This is, at first, thin and watery, but soon becomes thicker and, before the disease has advanced very far, becomes most malodorous. This odor cannot be compared to anything but itself. It is extremely strong, penetrating and clinging, being very difficult to remove from the hands, and is so characteristic of the disease that one can often tell, upon entering a room, that there is someone present who is the victim of cancer.

It must be remembered that abnormal hemorrhage and a malodorous discharge are the earliest symptoms of cancer of the uterus, and that they are the ones the presence of which should send the woman to consult her physician, but also that as the disease progresses other manifestations of the affection are present. The patient loses weight, as a rule, rapidly and she has what is

called a cachectic appearance. By this latter term is meant a deep sallow or muddy appearance of the skin, together with a drawn expression of the countenance. There may also be some rise in temperature, due to the breaking down of the tissue and the absorption of the products of decomposition, which produces a species of septic intoxication. The previous history, both family and personal, should be enquired into. On doing so, it will usually be found that the woman has had some laceration of the tissues of the cervix, either by the passage of a child or the forcible dilatation and tearing of that organ which at times accompanies the operation of curettage. Of course, childbirth is much more liable to precede the disease than mere curettage, as the laceration of the tissues during that process is so much more extensive, so that the patients are usually married women and the mothers of comparatively large families. It is the irritation of the scar tissue which increases the liability of parous women to this disease, and therefore it is the custom of most gynecologists to strongly advise women approaching the menopause who have lacerated cervixes, especially if there is much scar tissue present, to have these lacerations repaired.

Varieties.—Cancer of the uterus is divided into corporeal or cervical, according as to whether the body or cervix is the seat of trouble, or, histologically, into squamous or columnar celled, but as each variety confines itself almost entirely to either the cervix or fundus, the former classification is sufficient for practical purposes.

As you are doubtless aware, the vaginal portion of the cervix is covered with large, flat, circular, mono-nucleated epithelial cells, which are spoken of as "squamous cells." At the external os, these cells gradually become cuboidal and finally, when the canal itself is reached, columnar. Consequently, when cancer attacks the vaginal portion of the cervix primarily, it is usually found to be of the squamous variety, while if it starts within the canal either of the cervix or true uterine body, it is columnar. Of course, there are exceptions to this rule, the two forms changing places as it were, but this is quite rare.

Rate of Growth.—The rate of growth depends chiefly upon the situation of the disease, that situated on the cervix increasing in size much more rapidly than when it is in the body of the uterus. Cervical cancer kills within two or two and a half years from its first appearance, whereas the corporeal variety is much slower, one case of my own, where I am glad to say that I can report a cure (she is well after a period of five years), had shown signs of cancer of the fundus for two years before she came under the observation of the physician who sent her to me for operation.

Treatment.—This will depend upon the stage of the disease when first seen. If that should be before it has spread beyond the uterus, the only thing to be done is to remove the whole organ,

notwithstanding the fact that Byrne reports excellent results from high amputation of the cervix where this is the seat of disease.

In more advanced cases, one can only make the patient as comfortable as possible and perhaps prolong life for a few months. Where the disease has not invaded either the bladder or rectum, all of the diseased tissue may be removed by the curette, the raw surface cauterized with the actual cautery and the cavity thus formed packed with gauze, saturated in pure formaline. This checks the hemorrhage and discharge and renders the patient's life more bearable to herself and friends. After this operation, or where the disease has spread too far to warrant an operation, the discharge may be rendered inoffensive by douching with various antiseptics, and the most efficacious for this is either creolin or formalin, using the douche as often as may be required. Where there is extensive bleeding, it may be checked by the hot douche (temperature of 120 deg.), or by packing the vagina and cervical canal, but of course these are only temporarily efficient and you may look out for an early termination of the case.

Various drugs have been tried, but without avail. Of late years, we have had our hopes raised by experiments which have been carried on, principally in England, in the use of trypsin, but, unfortunately, this has proved to be a failure.

The various kinds of "rays" or "lights" have received a fair trial, as has also radium, but they have also been found wanting and we have been thrown back on the old remedy of the knife, which must be applied early and freely.

And now, what about post-operative prognosis? The immediate mortality of the usual hysterectomies for cancer of the uterus is very low and need scarcely be taken into consideration when forming a decision as to whether or not a given patient should be operated upon. The remote result will vary with the daring of the operator, some attempting so much more than others, and with the site of the disease. Hysterectomy for disease of the fundus gives the patient a very good chance of permanent cure, from 60 to 75 per cent. of cures being obtained by the most expert operators. The outlook is not so promising in cases where the cervix is at fault. Some operators claim that there is no such thing as cure of a case of cervical cancer, but they are either pessimistically inclined or are unfortunate in their selection of cases. Statistics undoubtedly vary. Baldy reports 5 per cent. of cures, MacMonagle 100 per cent. of recurrences, Sampson 12 per cent. of cures, and Chas. P. Noble, in 1905, 18 per cent. of patients who had remained free from disease at the expiration of five years. My own results are based on too small a series, viz., seven vaginal hysterectomies, to be of value, but so far I have been very fortunate, obtaining a cure, judged by the five years' standard, in 42.8 per cent. On the Continent, the results have been better than in America, the percentage of cures ranging from 18 per cent. (Olshausen), to 40 per cent. (Schuschart).

To sum up, I hope that I have shown you:

1. Cancer of the uterus may be looked for at almost any age between 20 and 75, and especially among multipara.

2. The earliest symptom, and the only one of practical value if we are to see the patient in time to operate, is irregular uterine hemorrhage.

3. That in countries where the public have received a certain amount of education upon the subject, viz., those on the Continent of Europe, the proportion of operative cases to inoperative ones is high; and

4. That where there is a high operative percentage, there is also a high percentage of cures.

I hope, therefore, that I have convinced you, ladies, that you can do much to improve the Canadian statistics as to the curative percentage in cancer of the uterus, and that you will assist in the campaign against this dread disease.

F. A. L. LOCKHART.

THE PROPER LENGTH OF THE PERIOD OF TRAINING FOR NURSES.

Training Schools for Nurses, although in a certain sense numbered among technical schools, so-called, belong to the higher class of technical schools, in which theory and practice need to be combined. A training school cannot be like a trade school, because the nursing of the sick is the nursing of individuals and not the wholesale nursing of persons. Although general rules are laid down for certain classes of diseases, they must be applied by individual nurses to individual patients. Hence comes the necessity of imparting knowledge of principles upon which the practice of nursing can be grounded. Theoretical knowledge must, therefore, be combined with practical teaching. It is true that at first all practical teaching needs to be of a routine character, because the pupil nurse knows no method of nursing whatever, and must be taught to do everything in a prescribed manner. This must continue as in a trade until the eye and the hand have become trained, and what was at first routine becomes second nature. This, however, does not imply, nor is it desirable, that the nurse should remain a machine, and must ever after do the work mechanically in implicit obedience to the methods which she first learned. On the other hand, it is preferable, after she has become fully conversant with all the procedures and habits of her craft, that she should not remain a mere rule-of-thumb worker, contented with following blindly what she learned during her pupilage. She should rather be so well grounded in the principles which underlie her art, and so conversant with the reason

*Read before the Canadian Hospital Association.

for everything which she is called upon to do, as to be able to improve her methods of nursing, and to devise new methods for herself. To-day, in consequence of the improved methods of teaching, and the great extension of the field of nursing, and, above all, because of the increased demands made upon the trained nurse, we find a genuine demand for a longer period of training, and the necessity of post-graduate work even, if the nurse would fit herself for the satisfactory discharge of the duties of Superintendent of Nurses or Principal of a Training School. Out of this demand has grown the extension of the course from one year, as at first planned, to two years, and now very generally to three years.

For the time being, leaving out of consideration the question as to the exact length of any course, let us inquire what should be the requisites of a proper course of training of nurses.

I would set down, as the first requisite, a properly graded course. Those who received their medical training forty years ago will remember that at that period medical study was largely carried on by courses of lectures, which were repeated each year, and which were given impartially to first, second, and third year students, without any change to suit the necessities of these three classes. These lectures were generally too technical for the first year student, and not technical or advanced enough for the second or third year student. Probably the beginning of a better state of medical instruction, in the United States at least, came with a grading of the instruction, which was given so as to furnish proper instruction at the right point in the course for every student. The same has been true of courses of instruction for nurses. The schools did not improve until the courses were graded: Hence the first requisite is a graded course, not a course for one year dragged out over two years, or a course of two years stretched out to fit three years. To attempt this is to destroy the vigor and freshness of the pupil's grasp of the subject, and to encourage mental stagnation and ineffectual, because inconclusive, mental effort. The course should not have any vain repetitions, but every part of it should be fresh, and subjects should be treated consecutively, one fitting upon another and following it.

A second equally desirable requisite must be an arrangement of the hours of duty in the wards, so that the nurse may not be exhausted by physical labor to such a degree as to unfit her for study. She should have time to study and physical vigor enough remaining to pursue her studies effectually. The theoretical part of her work should be regarded as of equal value with the practical part. No one can make progress as a nurse if she is kept at hard physical labor for ten, twelve or fourteen hours each day. The bodily strength fails under the strain, and mental effort becomes well-nigh impossible. The first attempt to compress the period

of instruction into a year proved impossible, and in the interests of the nurse the course of study was extended to two years, with a shortening of the hours of service and a lengthening of the hours of study. Likewise, also, when it was found that the two years' course did not give sufficient time for study, and any attempt to pursue it involved too heavy a tax upon the physical and mental energies of the nurse, the course in many schools was lengthened to three years.

The third requisite of any course, therefore, in my opinion, should be the restriction of the amount of time spent in practical work to eight hours, with two hours at least of free time each day for study and preparation for classes and lectures.

A fourth requisite ought to be a preliminary training in the branches of nursing which have to do with the comfort of patients before any responsible ward duties are laid upon the nurse. This can well be done in the probationer stage of the nurse's training, so that when she is admitted to the ward for actual service among the sick, she may be able to serve them wisely. She should, for example, know how to cook and to serve a meal, how to apply a bandage, how to take a temperature and to draw a chart, how to make a bed, how to give a sponge bath or a bed bath, how to give an enema or a douche, etc. If she does not first know how to do these things which are essential to the care of a patient, she must learn them at the expense of the patient's comfort after she has been assigned to duty in the ward. We have all witnessed the distress of pupil nurses when abruptly ushered into wards while still in what I have heard termed a "trance state," to discharge important duties in connection with the sick, while absolutely ignorant of what they were to do or having never seen the instruments with which they were to work.

Fifth. The course of training while a happy union of practical work and theoretical knowledge, should be long enough to develop character and enable the authorities to determine the fitness of pupils to enter upon a career which presents unusual opportunities for good or evil to the sick and suffering.

The development of character, therefore, must be considered, after all, the end to be attained in all proper training of nurses. Where the aptitudes, tendencies, weaknesses, and capabilities of pupil nurses have been carefully studied, as they must be in a good training school; the danger of graduating degenerates like Jane Toppan and others is eliminated. This danger cannot be eliminated in any other way. Character, then, is an essential part of training, and time is required for its development.

Much also depends in this discussion upon what is meant by the term trained nurse. Is it a person who has acquired a practical knowledge of the care of the sick, and "just enough theoretical knowledge" of her work to get along with it under the constant direction and supervision of the physician, with little initiative

on her part, with little ability to do independent thinking, and without a thought beyond routine work in an elementary fashion; in other words, a neat, kind, affectionate, well-intentioned person, but without any outlook in life beyond her daily task? Or, on the other hand, do we understand, by the term, an educated attendant upon the sick whose character has been formed by a thorough discipline of mind and heart, who is grounded in the principles of her art and is possessed of an elementary knowledge of those branches of medicine upon which it is based—one who has familiarized herself with the practical side of nursing until it is second nature, but who has not been satisfied to thus limit her training? A skilled physician not only knows the principles involved in the successful care of the sick, but he must be able to do in practice what needs to be done. He must not only know how to make a blood count, a urinary analysis, a microscopic examination, a blood culture, a lumbar puncture, and the like, but he must also be able to do these, and many other things, practically. If he did them only as a matter of routine, because he had been taught to do them when a student, by his instructor, he would generally fail to get much benefit from them, because of inability to apprehend their importance and true significance. His knowledge must be broad and deep to be effective. So also of the nurse. It is true that she must be able to give a typhoid bath, to know how to sterilize instruments, to arrange the field of an antiseptic operation, to dress a wound, to give a hypodermic injection, to prepare a solution, to dress an infant, to take a body temperature, to measure the urine, to count the respirations, to take the pulse rate, to record all the phenomena of diseases—these and a thousand other things she must do. She cannot, however, do them well, or continue to do them increasingly better, unless she has a familiarity with the principles upon which their successful and correct doing depends. She must know why sterilization and disinfection are needed, what the proper dose of any remedy is, what the symptoms are which indicate a change in the course of the disease, what to report to the physician, and, above all, to know when danger is imminent, so that he may be summoned. These require not intuition, a kind heart, and a practised hand alone, but knowledge, and such knowledge as can come only from prolonged training in both principles and practice. All trained nurses, and not hospital nurses only, require this, just as all trained nurses should be familiar with every form of nursing, or, rather, with the nursing of every form of disease.

It may not be inappropriate for me to outline the graded course of study in a training school with which I am most familiar. During the preparatory course, which covers six months, theoretical instruction is given in the chemistry of foods, in anatomy and physiology, *materia medica*, and hygiene, with systematic demonstrations in the elementary essentials of nursing and bandaging.

Added to this, there are practical daily exercises, divided among four groups of probationer nurses, in cooking and serving food, and the care of kitchens and pantries and storerooms, in the care of rooms and bed-making, and in the pharmacy, in the preparation of dressings, the making up of solutions, the disinfection of dressings and applications, and, finally, practical service in the out-patient department, where they come in contact with all sorts and conditions of patients. She is also gradually introduced during this period to do simple things in the wards under the direction of experienced nurses, so that when she undertakes responsible work she is no longer a novice.

During the last half of the first year instruction is given in hygiene, general medicine, infectious diseases, and orthopedics, by lectures, recitations, quizzes, and regular practical work, eight hours daily, in the wards of the hospital. During the second year there are systematic lectures and recitations in medicine, surgery, and gynecology, the examination of urine, massage, etc., with regular practical work in the wards. In the third year there are lectures, recitations, and demonstrations in obstetrics, pediatrics, nervous diseases, insanity, diseases of the special senses, and practical nursing of all these classes of patients, also of private patients; also lectures and classes upon public and private charities, settlement work, and work in institutions and families. By this arrangement there are given five months each of medical, surgical and gynecological service in the free wards of the hospital, five months of duty in private wards, divided among the three services, two months of special duty with individual patients, two months of duty in the obstetrical ward, three months in the operating rooms, and one month in the out-patient department, a total of 28 months, which, together with two months of vacation, make up the thirty months of time which remain after the completion of the preliminary course of six months. In my opinion this time is all well spent, and no pupil nurse has reason to complain of having received too much theoretical or practical training. A detailed schedule of this work I will have printed as an appendix to this paper.

The conclusions which I have reached, after much thought, may be briefly summarized as follows:

1. A course of three years is advisable only where shorter hours of service have been established, and where the hospital is large enough to give a good training in all branches of nursing. In such a hospital the course of training should be a graded one, and each year of it should be carefully suited to the knowledge and increasing capacity of the student. Such a course is not advisable in a special hospital, where the training is confined to surgery or gynecology or obstetrics, or the care of infants and small children.

2. In the matter of training, the smaller and the larger hospitals should combine and co-operate to supply the deficiencies of each

other. Many of the smaller hospitals should content themselves with giving a preliminary course preparatory to admission to a larger hospital. To take young women for two or three years' training in a single specialty is unjust to the pupil nurse and unjust to the public. Such nurses after the first year should be passed on to larger hospitals with more patients and larger opportunities for training. Many pupils come to the larger hospitals very imperfectly trained, and they would have been much more useful to the hospital, and much better fitted to profit by training, if they had received a preliminary training in a small hospital. In any educational system the grammar school should precede the high school, and the high school should precede the college. The grammar school may call itself a high school and the high school a college, but neither has any reason to complain if the true character of each school is plainly pointed out. Names do not signify, after all. The grammar school can only give a grammar school education, and the high school likewise. These special schools, which pretend to do what they cannot do, are guilty of fraud towards the nurses, whom they pretend to train, and equally a fraud upon the public, when they launch these imperfectly and inadequately trained nurses upon the world as trained nurses. It is the duty of all parties to meet the situation honestly and to co-operate to remedy all abuses. The schools established for commercial reasons, like the medical schools, once established for private gain, should cease to exist or content themselves with giving preliminary courses of training. We have all heard, and shall continue to hear until the end of time, of the need of providing second and third rate people to do what may be termed second and third-class work. An excellent woman, who was remonstrated with by a relative for encouraging her son, who had little or no ability, to prepare himself for the gospel ministry, said in defence: "I know he is a second-rate man, and always will be, but I believe there are second-rate souls to be saved." The incompetent son did become a clergyman, but I have never heard that any souls of the second, or even third, class were saved by him. The same is true of the medical profession. The plea for better-educated physicians is always met by the statement that villages and secluded hamlets exist where well-educated men will not go, and that, consequently, ignorant and incompetent men must be turned out from the medical schools to minister to the wants of these men. An experience with pioneer conditions when a boy has taught me, on the contrary, that good men, and well-trained men, do go to these neglected communities, and that poorly-educated men are much more inclined to go to thickly populated sections of the country, where they often displace much better men, and constitute a standing menace to the public health and private welfare of every large community. We cannot afford to suit our educational requirements to the capacity of those who

have no right to enter the medical profession, but rather should establish a standard which will exclude them. It is better to be without physicians than to depend upon drunken, ignorant men, who have no conception of the duties, responsibilities, and moral requirements which belong to the medical profession. The same is true of the training of nurses. Attendants upon the sick exist in every community and every family. Their mission is God-given. Noble, self-sacrificing, if untrained, women have always existed, and always will, to bless their relatives, friends, and neighbors by their presence and care in sickness. They are not trained women, however, and no good can come from allowing them to assume the title or attempt to discharge the general duties of a trained nurse. They are wives and mothers with other cares, and their work as nurses may be regarded as fortuitous, and almost accidental. If prompted by affection and duty, they assume the care of a sick member of the family, they do not in any sense become rivals to members of the nursing profession, and their existence can be no argument for lowering the standard of training of those whose business it is to care for the sick. The self-educated clergyman, the natural-born doctor, the backwoods lawyer, and the imperfectly trained teacher, if fit to do their work, feel the need of a better education, and make no attempt to lower the educational standards of other ministers, physicians, lawyers, and teachers, but, on the other hand, are stimulated by a higher standard to supplement their own deficiencies by summer schools or home study.

3. Courses of training for nurses should be standardized, and no one should bear the title of Registered Nurse who has not been fully trained in the various branches of nursing. The small hospital or the special hospital should pass on their nurses to larger hospitals, and these should make arrangements to supplement and complete their training. Special private sanatoria or hospitals, owned by physicians, and maintained for their own patients, should cease to operate training schools, but should supply themselves with nurses who have already received training. Nurses should not spend two years, or even one year, in a limited specialty.

In the hospital with which I am connected we have for several years given supplementary instruction to the training schools connected with two or three other hospitals, where the service is of such a character as to render it impossible to give the requisite training. One of them sends pupil nurses for training in medicine and obstetrics, a second for training in obstetrics, and a third for a general training in the work of the third year. It has been a duty and a pleasure to assist these young women to thus complete and round out their training.

GENERAL PLAN OF A THREE YEARS' COURSE OF PRACTICAL INSTRUCTION.

FIRST YEAR.

First Six Months (Probation Period):—

(a) Four to four and a half months in Preparatory School.

(b) One to two months in wards, before being accepted. This is to test the student's fitness for the work of nursing. In the wards the student begins with the simpler work, such as:—The care of beds, mattresses, pillows, blankets, and the linen; making beds of all kinds; dusting and care of ward furniture, etc.; care of linen rooms, folding and stacking of linen; care of bathrooms, lavatories, etc.; care of patients' clothes closet, the clothing, etc.; care of rubbers, dressing basins, and instruments; care of convalescent patients, assisting in getting them up, etc.; assisting in serving meals and nourishments.

Second Six Months:—

All practical instruction during this time is given in the free wards of the hospital, and pupil nurses are not placed on duty in the private wards until they have completed their first year in the school.

DAY SERVICE:

The practical nursing work in the ward is classified and arranged according to the service, and whether male or female patients, a certain number of pupils from each class in training are placed on duty, and so much work is assigned each one according to the amount of experience she has had, or her standing in the school.

To avoid the frequent changes that an eight-hour day arranged with three relays of nurses would cause, the hours are arranged as follows: (Day nurses go on duty at 7 a.m.; night nurses go on duty at 9 p.m.) The following schedule of hours is given as an example of the arrangement in wards for women and men respectively:

SCHEDULE OF HOURS				SCHEDULE OF HOURS			
WOMEN'S SURGICAL—40 PATIENTS HEAD NURSE IN CHARGE				MEN'S SURGICAL—30 PATIENTS HEAD NURSE IN CHARGE			
PUPILS	ON DUTY	OFF DUTY	ON DUTY	PUPILS	ON DUTY	OFF DUTY	ON DUTY
Senior	7-10	10-2	2-7 P.M.	Senior	7-10	10-2	2-7 P.M.
Senior	7-1	1-7	7-9 "	Intermediate...	7-1	1-7	7-9 "
Intermediate ..	7-11	11-1	1-5 "	Intermediate...	7-1	1-5	5-7 "
Intermediate ..	7-1	1-5	5-7 "	Junior	7-11	11-1	1-5 "
Junior	7-11	11-1	1-5 "	Junior	7-12	12-4	4-7 "
Junior	7-10	10-2	2-7 "				
Junior	7-1	1-7	7-9 "				

The above arrangement of hours provides at all times one of the younger nurses on duty with the older and more responsible nurses, so that they are in training for that special work later on. Also this method allows more uniformity in the work, as, for instance, a nurse in the private wards will be assigned the diets for one month, and have these hours:

7—9 a.m. prepares and serves breakfasts; off duty until 1 p.m., when she returns and remains on duty until 7 p.m., serving dinners and suppers and attending to the afternoon ward work for the entire month.

This arrangement has proved more than satisfactory in every way:—

1. One person is responsible for the handling and care of all food materials;

2. As she knows the patients' likes and dislikes, much food is saved in the serving.

The same method holds good in all the various phases of nursing routine. Certain pieces of work are given to a nurse for a definite period of time, such as:

The temperatures, charting, and medicines;

The care of bed patients;

The ward treatments;

The responsible work of the ward from 7 p.m. until 9 p.m., before the night nurse goes on duty.

This arrangement of hours also provides responsible nurses on duty during the afternoon class hours for the pupils.

NIGHT SERVICE:

Night nurses' hours on duty, 9 p.m. until 7 a.m.

Average night duty throughout the three years is five months.

Time:—Two months at completion of first year; two months at completion of second year; one month in senior year in the Obstetrical Ward.

INSTRUCTION GIVEN THE STUDENTS DURING THE SECOND AND THIRD YEARS.

First Half of Intermediate Year:

The pupils receive instruction in practical work in the men's and women's, medical, surgical, and gynaecological private and free wards, and in the isolating ward.

Second Half of Intermediate Year and Senior Year:

The instruction during this term includes obstetrics, children, nursing of nervous patients, operating room, technique, dispensary, and special duty in our own hospital wards.

It has been found that by carrying the emergency work in the Maternity Ward and Operating Rooms, where the services of the nurse are required for a longer time on duty than the regular eight-hour day provides, over the last half of the course of practical instruction, the pupils endure the work much better than when this special training was given during the last five months of the third year. This method also provides nurses on duty in these departments from two classes, thus allowing a proper number on duty, when the other pupil nurses are attending classes.

Class and lecture work covers the period from October 1st to May 1st of each year. Lectures are all given in the afternoon between four and six o'clock.

DISTRIBUTION OF TRAINING THROUGHOUT THE THREE YEARS.

Free Wards—

Medical work	5	months.
Surgical work	5	"
Gynæcological work	5	"

Private Wards—

Ward work	5	"
Special duty	2	"
Obstetrical Ward	2	"
Operating Rooms	3	"
Dispensary	1	"
Vacation	8	weeks.

Total	30	months.
Preparatory School	6	"
Total	36	" (3 years.)

In charge of wards.....4 to 5 months.

(This opportunity is given only to those who show executive ability.)

JOHNS HOPKINS HOSPITAL SCHOOL FOR NURSES.

SCHEDULE FOR THE YEAR.

Preparatory Class: The class is divided into groups. These groups are interchanged at the end of certain periods, and are detailed to the various departments daily for instruction.

Autumn Term—From August to February.

Spring Term—From February to August.

Group I.—Food supplies, cookery, and service; kitchens, pantries, storerooms, etc.

Group II.—Care of the household: bed rooms, linen rooms, bath rooms, pharmacy (9-1 daily), etc.

Group III.—Surgical supply room: preparation of dressings, appliances, solutions, disinfectants, etc.

Group IV.—Out-patient department: clinics, preparation of rooms, patients, apparatus, dressings, etc.

FROM DECEMBER TO MARCH AND FROM JUNE TO SEPTEMBER

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	2.30-4.30 P.M.			2.30-4.30 P.M.	
	BANDAGING			BANDAGING	
4 P.M.	Class in two Divisions		4 P.M.	Class in two divisions	
Materia Medica	1st division, 2.30-3.30 P.M.		Hygiene	1st division, 2.30-3.30 P.M.	
Recitation	2nd division, 3.30-4.30 P.M.		Recitation	2nd division, 3.30-4.30 P.M.	
Demonstration	Demonstration		Demonstration	Demonstration	

FROM SEPTEMBER TO DECEMBER AND FROM MARCH TO JUNE

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
2.30-4 P.M.]	2.30-4 P.M.	2 P.M.	2.30-4 P.M.	2.30-4 P.M.	2.30-5 P.M.
Chemistry of Foods	Anatomy and Physiology	Anatomy and Physiology	Chemistry of Foods	Anatomy and Physiology	Anatomy and Physiology. Laboratory.
	11 A.M.	Lecture	11 A.M.		11 A.M.
	Elements of Nursing		Elements of Nursing		Elements of Nursing
	Demonstration		Demonstration		Demonstration.

This course is given twice yearly, and classes are admitted in February and August of each year. Class work is supplemented by visits to markets, manufactories, etc., announcements of which will be made during the season. From January 1 until May 1 at specified dates the spring and autumn classes unite for lectures in Hygiene, Bacteriology, General Medicine, Infectious Diseases, Orthopaedics.

INTERMEDIATE CLASS

	Monday	Tuesday	Wednesday	Thursday	Friday
From October until May 1, each year.		5-6 P.M. LECTURES	3-5 P.M. RECITATIONS AND DEMONSTRATIONS		3-5 P.M. RECITATIONS AND DEMONSTRATIONS
		General Medicine.	Analysis of urine.		Analysis of Urine.
		General Surgery.	Surgical Nursing.		Surgical Nursing.
		Gynecology.	Gynecological Nursing		Gynecological Nursing.
			Massage.		Massage.

SENIOR CLASS

	Monday	Tuesday	Wednesday	Thursday	Friday
From October until March 1, each year.	5-6 P.M. RECITATIONS AND DEMONSTRATIONS			5-6 P.M. LECTURES	5-6 P.M. LECTURES AND CLASSES
	Obstetrical Nursing.			Obstetrics.	Public and Private Charities.
	Nursing of Infants and Children.			Pediatrics.	Settlements.
	Nursing of the Nervous and Insane.			General Medicine.	Professional Work in Institutions and Families.
	Nursing of some Special Diseases.			The Nervous System. Insanity. Diseases of the Special Senses.	

HENRY M. HURD, M.D.

Baltimore, Md.



OTTAWA BRANCH.

The tenth annual report of the Ottawa branch of the Victorian Order of Nurses is most gratifying. It shows that the nurses cared for 631 patients during the year, making 7,598 visits. This is 158 patients and 1,748 visits more than last year.

Seventy-five doctors of the city have employed the nurses, and they, one and all, speak very highly of the valuable assistance rendered them in the care of the sick by the nurses. One of them writes: "It affords me great pleasure to acknowledge a continuance of the good work which is being done by the Victorian Order of Nurses. It is a great blessing to our poor to have within their reach the services of a trained nurse, who, not only attends to the general comforts and immediate treatment of her patient, but demonstrates, in her work, modern ideas of hygiene, of which so many of our poorer classes are absolutely ignorant. Allow me to take this opportunity of expressing my thanks to the management for their promptness in attending to calls, and to the nurses for the faithful, conscientious care they give their patients."

On January 1st, Miss Edith Hardy resigned her position of District Superintendent, and Miss E. Hester Hardinge, of Montreal, was appointed as her successor.

A POST-GRADUATE course in District Nursing, four months, is given at one of the Homes of the Victorian Order of Nurses, either in Ottawa or in Toronto. For full information apply to the Chief Lady Superintendent, 578 Somerset St., Ottawa, or to the District Lady Superintendent, 206 Spadina Ave., Toronto, Ontario.

The
Guild of



Saint
Barnabas

"Je le pansay ; Dieu le guarit." [I tended him ; God healed him.]

—Ambrose Par

CANADIAN DISTRICT.

Montreal.—1st Tuesday, 6.15 a.m., Holy Communion, M.G.H.; 2nd Tuesday, 4 p.m., Guild meeting or social; 3rd Tuesday, 8.15 p.m., Guild service; 4th Tuesday, 6.15 a.m., Holy Communion, R.V.H. District Chaplain, Rev. A. French, 158 Mance Street. District Superior, Miss Stikeman, 216 Drummond Street. District Secretary, Miss M. Young, 59 Park Avenue.

Ottawa.—1st Monday, 8.15 p.m., the Cathedral. Chaplain, Rev. Canon Kittson, The Rectory.

Toronto.—Last Friday, 8.15 p.m., St. James Cathedral. Chaplain, Very Rev. the Dean. The Close.

Quebec.—4th Tuesday, 8.15 p.m., All Saints' Chapel. Chaplain, Very Rev. the Dean. The close.

It was a great pleasure to me, a few weeks ago, to receive a letter from the Very Rev. the Dean of Quebec, telling me they wished to start a branch of our Guild there, and asking for the necessary information. I at once went to see the District Chaplain, and finding he was unable to go to Quebec, I decided to do so; in the meanwhile he wrote and appointed the Very Rev. the Dean as Chaplain, and I appointed Miss Jarvis, army nurse at the Citadel Hospital, as Superior of the new branch. The opening service was held in All Saints' Chapel in The Close, on 21st March, the eve of the Annunciation of the Blessed Virgin Mary, which formed the subject of a very earnest little address given by the Chaplain. There were fifteen nurses present, three of whom were admitted as associates. After the service we all adjourned to the Dean's house, where Mrs. Williams gave us a delightful tea. This gave me the opportunity of meeting the nurses and of telling them some of the old traditions of our Guild. They were all much interested, and several expressed a wish to join at the next meeting. Mrs. Bigg kindly undertook the duties of Secretary-Treasurer. This is the fourth branch we have opened. We would like to do the same in all the large towns in Canada, so that when our members leave us they may find the same privileges elsewhere.

ANNIE STIKEMAN,

District Superior.

My Scallop-Shell of Quiet

*GIVE me my scallop-shell of quiet,
My staff of faith to walk upon,
My scrip of joy, immortal diet,
My bottle of salvation,
My gown of glory, hope's true gage;
And thus I'll take my pilgrimage.*

*Blood must be my body's balmer;
No other balm will there be given;
Whilst my soul like quiet palmer
Travelleth toward the land of Heaven;
My soul will be a-dry before,
But, after, it will thirst no more.*

—Sir Walter Raleigh.

LAST WORDS.—I wish to record that loving-kindness and mercy have followed me all the days of my life, that firm faith in God is the sole firm stay in mortal life; that all other ideas but Christ are illusory; and that duty is the one and sole thing worth living for.
—*From the last words of A. W. Potts, first Headmaster of Fettes College, Edinburgh.*

LIKE CHRIST.—But if you would be like Christ, you must, like Him, be “acquainted with grief.” You must open your hearts to an ever-widening circle of your fellows, who stand in need of your help. You must let the tendrils of your love cling to every one with whom God brings you into contact—not only to the good and gentle and refined, with whom it is a pleasure to have intercourse, but also to the unlovely, the disagreeable, the disgusting. You must make their wants, sorrows, trials, your own. You must suffer, but it will be blessed suffering, for it will bring you nearer to God. It will be suffering with the kernel of joy at the heart of it. You will enter into “the joy of your Lord”—joy over the lost found, over the banished brought home, over men set free from the bondage of sin and brought into the glorious liberty of the sons of God. Who that knows Christ would not willingly share in the suffering that he might enter into the joy?
—D. J. MACDONNELL.

The Canadian Nurse

VOL. IV.

TORONTO, JUNE, 1908.

No. 6.

Editorial.

The Editorial Board are proud of and grateful for the support that the magazine has received. It has flourished even in hard times. One thing only remains to do. Make the subscription list of THE CANADIAN NURSE 3,000, instead of 1,500. Everybody help. The Board has decided to send the magazine, up to the end of 1908, to new subscribers for fifty cents. Hospital officials, doctors, nurses and their friends will readily subscribe this sum if you ask them. Do it now.

HONOUR TO WHOM HONOUR IS DUE.

We have great pleasure in presenting to our readers an important paper by Dr. Henry M. Hurd, Medical Superintendent of the Johns Hopkins Hospital, of Baltimore, and in opening our columns to the discussion of the question that Dr. Hurd has thus ably dealt with. We read in this article with pleasure and interest the result of the good work done at the "J. H. H." by Mrs. Robb and Miss Nutting, noble representatives of the profession.

In the year when THE CANADIAN NURSE was first published one of our articles was simply stolen without a word of acknowledgment by a certain so-called Nursing Journal, which misrepresents the nursing profession in another and a distant land. We wrote a respectful remonstrance and received the truly remarkable reply that the name of THE CANADIAN NURSE had not been mentioned because they "felt that everyone would guess the source of the article."

Dr. Hurd, for whom we have a high respect, has not done himself the honour of mentioning Mrs. Robb and Miss Nutting, of whose work he writes. It could not have been from any unworthy motive, for we think him both just and generous. It must have been because he "felt that everyone would guess the source" of the work and the success of the Training School for Nurses in the Johns Hopkins.

THE GRADUATE NURSES' ASSOCIATION OF ONTARIO.

We offer sincere congratulations to the President and Officers on the incorporation of the Association, as announced by the President, Miss Brent, at the annual meeting. This is indeed a step in advance, and was a happy announcement to make at the annual meeting.

Editorial Notes.

GREAT BRITAIN.

Professional Organization.—A writer in *Nursing Notes*, of last month, says, referring to nurses in Canada: "There is no system of general examination, or of state registration, nor does there appear to be any professional organization among the nurses, except a branch of the Royal British Nurses' Association!" Why does the writer not subscribe for THE CANADIAN NURSE, and then she would know better?

Nurses' Missionary League.—Morning, afternoon and night of the day of meeting were occupied by the conference of the League last month. There are now 700 members, and many of these were present, some from the foreign field, one of whom declared that when nurses heard missionary work criticized they should defend it with courage, remembering it was not only work *for* Christ, but work *with* Him.

Regular Reserve of Nurses.—The Secretary of State for War announces the formation of a Regular Reserve of Nurses in connection with Queen Alexandra's Imperial Military Nursing Service. Regulations for admission will shortly be issued.

Nurses' Day.—Tuesday, June 23rd, will be "Nurses' Day" in the Pan-Anglican Congress. The subject of "Vocation" will be the subject of the day.

Distict Nursing.—There are now over 1,100 Queen's Nurses, but there are 50 more needed, and great efforts are being made to obtain increased support, so as to provide for those places that need a nurse.

ENGLAND.

A Surprise Visit.—"The Queen and the Empress are in the hall" was the first intimation that the matron of the Alexandra Hospital for Children with Hip Disease had of a charming Royal visit. The Queen and the Empress stopped at every bed, and spoke to every child.

Catholic Nurses' Guild.—Catholic nurses who visit London may like to know that there is always a list of the meetings of the Guild to be seen at Westminster Cathedral, St. George's Cathedral and at the Jesuit Church, in Tower Street.

SCOTLAND.

New Nursing Home.—The new and beautiful McAlpin Nursing Home, at Glasgow, has just been opened by Lady Inverclyde.

CEYLON.

The Nursing Association.—Lady McCallum, wife of the Governor of Ceylon, is endeavoring to obtain funds for a residence for the eleven nurses of the Ceylon Nursing Association.

Official Department.

THE ALUMNÆ ASSOCIATION OF THE COLLINGWOOD GENERAL AND MARINE HOSPITAL TRAINING SCHOOL FOR NURSES.

Officers for 1908-9: Hon. President, Miss Morton; President, Miss G. Morrison; First Vice-President, Miss P. J. Cottrill; Second Vice-President, Miss Ella Baker; Secretary, Miss J. E. Carr; Assistant-Secretary, Miss E. M. Dawson; Treasurer, Miss M. M. Redmond.

Sick Visiting Committee: Miss Moore, Miss Robinson, Miss G. Morton, Miss Klinck.

The meetings are held on the last Thursday of the month at 3 p.m. in the Board Room of the Hospital.

TORONTO GENERAL HOSPITAL ALUMNÆ ASSOCIATION.

Officers, 1907-8: Hon. President, Miss Snively; President, Miss A. Muir, 505 Sherbourne St.; 1st Vice-President, Miss H. Fralick, 12 Selby St.; 2nd Vice-President, Miss M. Tweedie, 53 Langley Ave.; Treasurer, Miss Halbhaus, 12 Selby St.; Recording Secretary, Miss Mary Roberts, Grange Ave.; Corresponding Secretary, Miss Samson, 12 Selby St.; Directors: Miss Hall, Miss Burnett, Miss Crosby, 12 Selby St.

Conveners of Standing Committees: Sick Visiting, Miss Alice Stewart, General Hospital; Registration, Miss Lucy Bowerman, Sherbourne St.; Programme, Miss Ida Beam, Selby St.; Social, Miss Younger; Look-out, Miss Baldwin; Press and Publication, Miss M. E. Christie, 19 Classic Ave.; Representative of the Central Registry Board, Miss B. Crosby and Miss Purdy; THE CANADIAN NURSE Representative, Miss Frieze.

THE ALUMNÆ ASSOCIATION OF THE HOSPITAL FOR SICK CHILDREN TRAINING SCHOOL FOR NURSES, TORONTO.

Officers, 1907-08: Hon. President, Miss Brent; President, Miss Gowans, 5 Dupont St.; 1st Vice-President, Miss Barnard, 608 Church St.; 2nd Vice-President, Miss Ellrington, 15 Selby St.; Recording Secretary, Miss Cooper, 505 Sherbourne St.; Corresponding Secretary, Miss Robertson, 182 Walmer Road; Treasurer, Miss Mary Hill, 105 Roxborough St. East; Secretary of Invalid Cookery Book, Miss Mary Gray, 505 Sherbourne St.

General Business Committee: Convener, Miss Barbara Goodall, 666 Euclid Ave.; Miss Jenny Gray, Deer Park P.O.; Miss Bennett,

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505 Sherbourne St.; Miss Kirkby, 266 Gerrard St.; Miss Adams, 85 Isabella St.; Directors, Miss Halley, 24 Elgin Ave.; Miss Leman, 20 Boswell Ave.; Miss Clark, 85 Isabella St.; Representatives to Central Registry, Miss Cooper, Miss J. Hamilton. Representative on Editorial Board of THE CANADIAN NURSE, Miss Hamilton.

Meetings are held on the second Thursday of the month in the Nurses' Residence at 3.00 p.m.

THE GRADUATE NURSES' ASSOCIATION OF ONTARIO.

The fifth annual meeting of the Association was held at the Nurses' Residence, of the Hospital for Sick Children, Toronto, on Saturday, April 18th, at 2.30 p.m.

The President, Miss Brent, Superintendent of the Hospital for Sick Children, presided, and after opening the meeting by prayer, delivered an interesting Presidential Address, in which she referred to the progress of the Association, which now numbers 268, but expressed regret that the number of applications for membership was decreasing, the figures being 14 in 1907, 32 in 1906, 69 in 1905, and 84 in 1904. The President also encouraged the Society to persevere in their efforts to obtain registration, and announced that the Association is now incorporated under a Provincial Charter. Other important topics referred to by the President were the need of a Canadian National Association of Nurses, and the good work done in the formation of Local Branches of the Association in Ottawa, Hamilton, Toronto and elsewhere.

The Treasurer, Miss Hamilton, reported as follows:

Balance on hand	\$ 49.17
Fees received	187.00
Unpaid Fees	87.00
Disbursements	166.00
Cash on hand	76.27

The report of the Corresponding Secretary, Miss Stewart, directed attention to the necessity of making changes in the Constitution, to enable duly qualified nurses, residing out of Ontario, to retain and obtain membership.

A touching reference was made in the report to the great loss sustained by the Province and by the Association in the death of the Hon. J. W. St. John, and of Miss Chilman.

After discussion, it was finally decided that all nurses of good standing outside the Province, or who were nursing in American cities, should be admitted into the Association.

Miss Morton, of Collingwood, read a most interesting paper

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on the "Canadian Nurse." Miss Crosby then gave a paper on the history of THE CANADIAN NURSE, after which Dr. MacMurehy, Editor of THE CANADIAN NURSE, congratulated the Association on the energetic and loyal way they had established and supported their own journal. Compared with the 80,000 nurses in Great Britain, and perhaps 40,000 in the United States, the 4,000 Canadian Nurses have done nobly in founding and maintaining THE CANADIAN NURSE.

Miss Hodgson, Night Superintendent of the Lakeside Hospital, who had come all the way from Cleveland to be present at the meeting, spoke enthusiastically of the management of THE CANADIAN NURSE, and the advantages of having a representative Editorial Board, rather than a stock company.

Dr. Parsons gave a paper on "Tuberculosis," in which he reviewed the work done in the city by a tuberculosis nurse. His paper was listened to with marked interest, and a hearty vote of thanks of the Association was extended to Dr. Parsons. THE CANADIAN NURSE has requested the privilege of publishing this paper.

The Officers for 1908 were then announced: President, Miss Patton, Grace Hospital, Toronto; First Vice-President, Miss Robinson, Galt; Second Vice-President, Mrs. Tilley, Kingston; Recording Secretary, Miss Julia Stewart, Toronto; Corresponding Secretary, Miss Green, Toronto; Treasurer, Mrs. Roden, Toronto.

Board of Directors: Miss Brent, Toronto; Miss Mathieson, Toronto; Miss Barwick, Toronto; Miss Woodland, Toronto; Mrs. Greer, Toronto; Miss Lennox, Toronto; Miss Hamilton, Toronto; Mrs. Yorke, Toronto; Miss Paffard, Toronto; Miss Christie, Toronto; Miss Eastwood, Toronto; Miss Graves, Toronto; Miss Gray, Toronto.

Representatives for the National Council of Women: Mrs. Roden and Miss Crosby.

Representatives for THE CANADIAN NURSE: Miss Lennox and Miss Mary Gray.

Miss Bowerman gave a brief address on the "Graduate Nurses' Club," showing the progress of the Club, and asking for the co-operation of the nurses in endeavoring to make the Fair of All Nations, which takes place in the autumn, a success.

A cordial invitation was extended to the members to a reception at the "Brown Betty" at 8 p.m.

A hearty vote of thanks was tendered to Miss Brent and Mr. John Ross Robertson for their great kindness in allowing the G.N.A.O. the use of the reception hall of the Nurses' Residence for the annual meeting.

After the meeting adjourned, tea was served in one of the charming sitting-rooms of the Nurses' Residence.

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THE NURSE'S FAVORITE DIET for her patients during convalescence, when the invalid must be tempted to eat wholesome and easily digested food, is

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THE CANADIAN HOSPITAL ASSOCIATION.

The Second Annual Convention, held in the Parliament Buildings, Toronto, on April 20th and 21st, was a pleasant and successful meeting.

The President, Miss Brent, occupied the chair, and delivered a thoughtful address on "Some Problems of Hospital Organization, and the Need of Co-operation Among Hospital Workers." This was followed by an able paper by Dr. W. J. Dobbie, of the Weston Sanitarium, on "How to Deal With Tuberculosis as a Social Problem." Dr. Dobbie's suggestions were eminently practical, and were received with favor by the Association, especially his urging education in regard to tuberculosis. Dr. Gordon, Dr. Kendall, Dr. Bruce Smith, Mr. John Ross Robertson and others took part in an excellent discussion, it being generally agreed that we must strive to educate the public, and especially the rising generation, about tuberculosis.

The next paper was by Dr. Helen MacMurchy, Editor of THE CANADIAN NURSE, on "The Milk Supply," and was followed by a paper on "Fumigation," by Dr. A. D. MacIntyre, Superintendent of Kingston General Hospital. The Doctor does not think that the formalin disinfection is effective unless moisture is present in all the articles disinfected. Several members of the Association declared their intention of repeating fumigation experiments.

In the evening, the Association enjoyed the hospitality of Miss Brent and Mr. John Ross Robertson at the beautiful Residence of the Children's Hospital.

On Tuesday, Dr. Charles Sheard delivered an instructive address on "Contagious Diseases, in Relation to Hospital Management," pointing out especially the dangers caused by visitors being admitted. Other addresses were those of Dr. Clarke, on "Psychiatric Hospitals"; Mr. Del Sutton, on "Hospitals and the Public"; Miss Gray, on "The Care of Incurables," and Dr. Hurd, on "The Proper Length of the Period of Study for Nurses."

THE CANADIAN NURSE hopes to publish the last two papers.

The following are the Officers for the ensuing year: President, Dr. W. J. Dobbie, Weston; Vice-Presidents, Dr. A. D. MacIntyre (Kingston), H. E. Webster (Montreal), Miss Brent (Toronto), W. W. Kenny (Halifax), L. L. Cosgrove (Winnipeg); Secretary, Dr. J. N. E. Brown, Toronto; Treasurer, Miss Patton, Toronto.

The Opsonic Theory

Demonstrates the Scientific
Value of

Antiphlogistine

(Inflammation's Antidote)

THE resisting power of the body against disease is relative to the opsonic value of the blood, and the severity of a localized disease process depends largely upon the retardation of the flow of the blood to that part.

The phagocytes may gather, but unless they receive the full amount of the normal flow with its opsonins, resisting power is lost and suppuration takes place. We must either increase the opsonic index of the blood so that the small amount flowing through the infected part may be of normal opsonic value, or, what is simpler and as effective, dilate the blood-vessels and let the blood, with nature's own method of combating disease, circulate through the area desired.

Heat dilates the blood-vessels, but to be effective it must extend to the periphery of the infected area, when it will not cause suppuration by increasing the bacteria. An antiseptic poultice is the best method of conveying heat. There is but one method of poulticing which commends itself to thinking physicians, and that is with the antiseptic, hygroscopic, plastic dressing—

Antiphlogistine

*(Inflammation's
Antidote)*

Correspondence

421 Oxford St., London, W.

DEAR MISS CROSBY,—When are you going to have a National Council of Nurses of Canada? It is time, why not start, and come into affiliation with the International next year, 1909, when we hope to have a splendid meeting. Denmark, Holland, and Finland have already applied for affiliation. Our Colonies and Dominions are behind in women's organizations—they are too parochial. The world is a very wee place, and too many narrow circles attempt to ignore that fact.

Yours very truly,

ETHEL G. FENWICK,

Hon. President The International Council of Nurses.

Indian Hospital, Lizard Pt. Reserve, Rossburn.

DEAR MADAM,—My work is exclusively among the Indians, who number in the neighborhood of two hundred.

The Dominion Government very generously donated two excellent tents in which to treat scrofulous patients. They are specially adapted for winter, as they are double and nicely fitted up.

We have kept the hospital going all winter and met with very good success.

Our attending physician, Dr. Wright, visits the Reserve on an average once in two weeks, and performs the necessary operations.

I like the work very much, and while a little lonesome at times, as I am the only white person on the Reserve, I feel great good is being done for those suffering from the "white plague."

The beautiful spring has brought myriads of ducks that play among the small lakes and lend enchantment to the eye.

I have an Indian, Hugh McKay, and his wife living in the next house who have been educated, and thus assist me materially in my work. We are starting a garden and expect to raise a quantity of vegetables, and give the patients exercise removing the weeds.

I visit the different houses on the Reserve, and lend assistance to any who may need my services, advising them of the importance of ventilation and fresh air.

I shall be pleased to send you another letter at a later date, as I do not wish to be too lengthy.

Yours truly,

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Hospital and Training School Department.

The Editorial Board beg to state that items for this Department will be welcome, and are published free of charge. Please send them at once, as soon as the events occur, addressed THE CANADIAN NURSE, Toronto, and they will be published as early as possible.

MISS ELLIS (T.G.H., '07) has been appointed Second Assistant in the Training School for Nurses, of Toronto General Hospital.

THE Hospital Board of Grand Forks, B.C., have been fortunate in obtaining the services of Miss E. MacKnight, who has just been appointed to the position of Superintendent of the Hospital.

THE Board of the Royal Columbian Hospital, New Westminster, B.C., has decided to at once proceed with the erection of a new Isolation Building, and to greatly improve the Maternity Hospital.

MISS SCOTT, Second Assistant in the Training School for Nurses, of Toronto General Hospital, has resigned her position, having accepted the position of Superintendent of Calgary General Hospital.

A PROVINCIAL Charter of Incorporation has been issued to the Welland County Hospital. It is a Company without share capital, with power "to erect and maintain a General Hospital, or Hospitals, and a Training School for Nurses in connection therewith."

THE regular monthly meeting of the Central Registry Committee was held at 644 Spadina Avenue, Toronto, Monday, May 4th. Members present, 8. Registrar's report showed calls for April to number registry, 108; personal, 13; nurses enrolled, 250, and 6 applications to consider. Savings Bank account, \$500.00; current account, \$26.63; in hand, \$52.00. It was decided to hold the Registry Birthday Party on the evening of June 1st, at the "Brown Betty," and we hope all the members will keep this in mind.

FOR the second time, a large cast of local players, principally children, has scored a tremendous success in the charming opera, "The Toy Shop," given in the Opera House, Vancouver, on April 24th and 25th, under the sole direction of Miss Margaret R. Martin. The Vancouver public are again deeply indebted to Miss McEnnery, President, and Miss A. Robertson, Secretary, of the Girls' Auxiliary (V.G.H.), for their splendid enterprise and work in arranging for the production of so admirable a performance in aid of our General Hospital.

THE Annual Meeting of The Lady Stanley Institute Alumnae Association was held in the Institute, Tuesday, March 10th, at 3 p.m. The following officers were elected: President, Mrs. C. T. Ballantyne; 1st Vice-Pres., Miss McColl; 2nd Vice-Pres., Miss Morgan; Sec.-Treas., Miss Gallaher; Directors, Miss Wallace, Miss McNeice, Miss Bradley.



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NEW Hospitals are to built at Summerland, B.C., and Sydney Mines, N.S.

THE new Welland County Hospital, at Welland, Ont., will cost about \$20,000.

ST. JOSEPH'S HOSPITAL, at Victoria, B.C., graduated a class of six nurses last month.

PLANS have been prepared for the new Calgary General Hospital. The hospital will cost \$140,000.

WINNIPEG General Hospital has just received two gifts of \$1,000.00 each from two of the most generous Canadians, Lord Strathcona and Lord Mount-Stephen.

THE Vancouver General Hospital, though only two years in its new quarters, is already outgrowing them; and work has commenced on a new wing to cost about one hundred thousand. It is hoped this extension will be completed by the fall.

AT a meeting of the Alumnae Association (R.V.H.) held March 11th, Miss Draper, the first Superintendent of the Training School, was present, and gave a most interesting address, principally on the care of tuberculosis patients. After the meeting tea was served in the reception room of the Home, and some of the graduates who had trained under Miss Draper had the very great pleasure of meeting her again.

GRAVE charges were made in regard to the management of the Victoria General Hospital, Halifax, N.S., by Sir Robert Weatherbe, formerly Chief Justice of Nova Scotia, and a Liberal, from his place in the House of Assembly of Nova Scotia, on April 13th. Sir Robert asked for a Royal Commission to investigate the hospital. This request was unfortunately not granted.

THE annual dinner given to the Graduating Class by the Alumnae Association (R.V.H.) took place on the evening of April 7th at 8 o'clock, in the dining room of the Nurses' Home. The table decorations were daffodils and pussy-willows, and the effect was charming. The members and Graduating Class present numbered 48. After the dinner the usual toasts were given—The King, The Governors, Our Guests, The Doctors, etc. The evening was a most enjoyable one and all present will long remember it with pleasure.

THE Vancouver Graduate Nurses' Association held their annual meeting for the election of officers on the first Tuesday in February. The following officers were elected: President, Mrs. W. F. Salisbury (T.G.H.), 1340 Burnaby St.; 1st Vice-Pres., Miss J. B. Rose (V.G.H.), Gen. Hospital; 2nd Vice-Pres., Miss Wickham (W.G.H.); Secretary, Miss Ruth Judge (V.G.H.), 811 Thurlow St.; Treasurer, Miss Woodrow. It was also decided to move the Nurses' Registry to the West End Private Hospital, 1357 Barclay St., where Miss Clermont has kindly consented to act as registrar.



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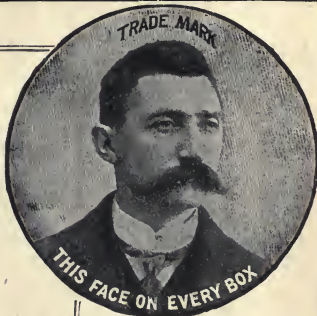
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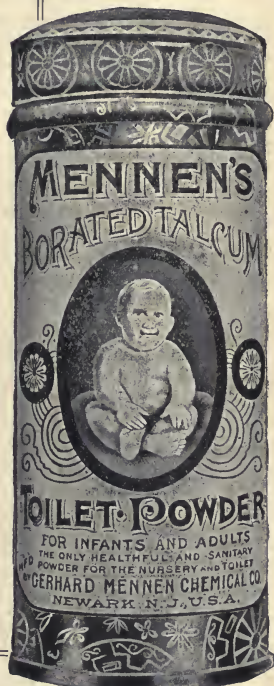
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THE Graduating Exercises of the Class of '08 (R.V.H.) took place on Tuesday, April 21st, at half-past four. After an address by Mr. Augar, President of the Board of Governors, Dr. Garrow gave a most interesting address to the graduates, after which Miss Henderson, Superintendent of the Training School, presented the diplomas and badges to eleven graduates. A great many friends of the nurses and of the hospital were present, and as this was the first graduation since the opening of the Home, many availed themselves of the opportunity to see this addition to the hospital. The dining-room was artistically decorated, and there tea was served, and the graduates received the congratulations of their friends.

ON April the 8th the Nurses of Hamilton met at the Residence at the City Hospital, and decided to reorganize an *Alumnæ Association*. The Officers appointed were: President, Miss Coleman; Vice-President, Miss Ainslie; Recording Secretary, Miss Hannah; Corresponding Secretary, Miss Aithim; Treasurer, Miss Adam. Almost one of the first duties of the Secretary was a particularly sad one, being the recording of the death of Miss Florence May Northcott. Miss Northcott was a graduate in class '07, and, since then, has been doing private nursing in Hamilton and the vicinity. Miss Northcott contracted pneumonia and died five days later at the City Hospital, May 4th. Funeral was at Exeter on May 6th. Mrs. Newson and Miss E. J. Deyman were appointed to report to THE CANADIAN NURSE any items of interest for publication. The *Alumnæ Association* has already thirty-five members, and the brightest prospects for success.

THE *Alumnæ Association* of the Collingwood General and Marine Hospital were entertained at afternoon tea by one of the members, Miss Ethel Dawson, on Wednesday, May 6th. A goodly number of our own graduates were present, together with a few nurses from other Training Schools. The Honorary President, Miss Morton, with the Honorary Members, Mrs. W. J. Bassett, President, and Mrs. J. R. Arthur, Vice-President of the Board of Management, were among the guests. A most delightful hour of social chat was spent, while tea and many good things were served. It was only one of the many social occasions which the *Alumnæ*, as a body, have enjoyed, and we all feel that if no greater thing was accomplished, the mere meeting together over a friendly cup of tea refreshes and sends us on our way cheered from the few minutes we have spent among the nurses who are graduates of our own school.

THE Graduating Exercises at Kingston General Hospital took place on April 23rd, and were in every way unusually pleasing and successful. The presence of Miss Snively (T.G.H.), was much appreciated by the Superintendent, Miss Scott, and by all the friends of the hospital. Miss Snively's address was a memorable one.

The entrance of the procession to Convocation Hall, Queen's,

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was picturesque, Miss Murial King playing the long line of nurses, doctors and officials to their places. First came the ushers, Miss Merilees, the superintendent's assistant, following, leading the procession of uniformed nurses, first the junior class, then the intermediates, and finally the graduates, Miss Margaret M. Black, Miss Myrtle May Wallace, Miss Bertha J. Willoughby, Miss Annie Raby Hinchey, Miss Mary Estella M. Hudson, Miss Mollie Pringle, Miss Margaret M. Cochrane, Miss Mary Lauretta Webster, Miss Jean M. C. Scott, B.A., Miss Henrietta Josephine Hall. Miss Martha E. Chipman was unable to be present and her diploma will be forwarded to her.

The prizes given this year are also a new and helpful stimulus to good work. The first prize, for the best essay on ethics, was won by Miss Jean Scott, B.A., and presented to her by Donald McIntyre, on behalf of the superintendent of the Training School, who gave it, the prize taking the form of a medical work by Stevens. Miss Scott also won the graduating class prize for obtaining the highest honors in the finals, the prize being awarded by the medical staff of the hospital, and presented by the chairman, Dr. Kilborn.

In the intermediate class Miss Mamie Meldrum stood first, and took the prize given by the management committee. The presentation was made by Rev. C. A. Sykes.

For the junior class a prize was put up by the superintendent of the hospital, Dr. Macintyre, and by himself presented to Miss Annie Bailey.

Addresses were delivered by Dr. Duff, Mayor Ross, Dr. Connell and others.

Miss Scott is indeed to be congratulated on the pleasure and inspiration which all concerned must have received on this auspicious occasion.

The following signed the roll of those present at the Annual Meeting of the Canadian Hospital Association: W. B. Kendall, Gravenhurst; M. A. Jackson, Chatham; Jessie Duncan, Owen Sound; J. K. M. Gordon, Gravenhurst; W. J. Dobbie, Weston; E. Macpherson, Dickson; M. G. V. McKnight, Walkerton; W. McLennan, Barrie; Sophia Doherty, Barrie; A. I. Robinson, Galt; M. J. E. Morton, Collingwood; Catherine Lawrence, Sarnia; W. L. Babcock, Detroit; Del. T. Sutton, Detroit; Lila J. MacAdam, Renfrew; Hannah Hollingworth, St. Catharines; H. D. MacIntyre, Kingston; Frances Sharpe, Woodstock; C. K. Clarke, Toronto; Louise C. Brent, Toronto; J. N. E. Brown, Toronto; K. Mathieson, Toronto; Henry M. Hurd, Baltimore; Elizabeth MacWilliams, Fergus; Charles Sheard, M.D., Toronto; W. C. Herriman, Mimico; J. G. Drennan, M.D., St. Thomas; F. E. De La Matter, Peterboro; H. H. Miller, Lindsay; A. H. Greene, Belleville; E. McL. Patton, Toronto; M. M. Gray, Toronto; Grace Hodgson, Cleveland.

Visitors: Winifred Dale, Renfrew; Mary Gray, Toronto; Helen MacMurchy, Toronto; Dr. Smith, Inspector of Charities; J. Ross Robertson, Toronto; Mrs. Geo. D. Ellis, Toronto; Ambrose Kent, Toronto.

Wedding Announcements

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CALLING CARDS,
MENU LISTS,
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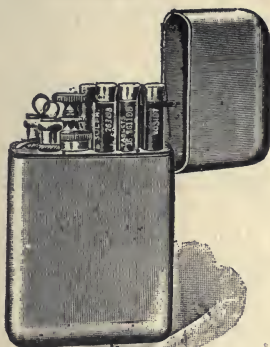
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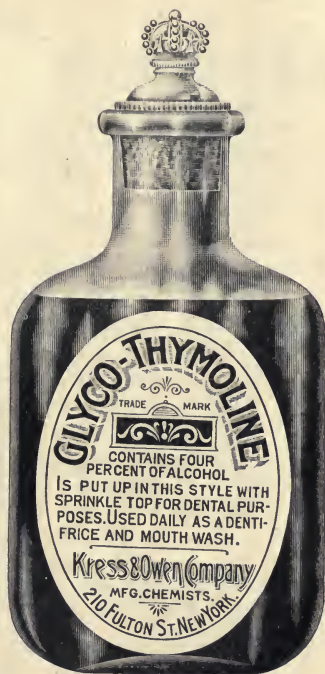
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Personals.

THE Editorial Board beg to state that items for this Department will be welcome and are published free of charge. Please send them at once, as soon as the events occur, addressed to THE CANADIAN NURSE, Toronto, and they will be published as early as possible.

MISS B. McLENNAN (V.G.H.) is enjoying a three months' holiday in the east.

MISS DOROTHY HOLROYD has resigned her position at Grand Forks, B.C., and returned to Vancouver.

MISS KATHRINE STEVENSON, Lady Superintendent of the General Hospital, Wingham, resigned her position on May 1st.

MISS SINCLAIR (T.G.H.) has accepted a position in McDonald College, St. Anne de Bellevue, Quebec, and left New York in March to take up her new duties.

MISS RACHEL MACLEOD (V.G.H.), who has been occupying the position of Head Nurse in the N. P. Hospital, Tacoma, has returned to Vancouver to resume private nursing.

MISS N. M. MILLER, Lady Superintendent of the Ross Memorial Hospital, Lindsay, spent Easter in Toronto, as the guest of Mrs. C. H. Barltrop, 243 Markham Street.

MISS FLORENCE TORREY, a graduate of the H.C.H. Class, '05, left recently to take a position as Head Nurse in the General Hospital, Niagara Falls, Ont.

MISS ELLA BURPEE (V.O.N.) left Vancouver on April 10th to take charge of the Presbyterian Hospital, Seoul, Korea. Miss Burpee sailed on the Empress of China.

MRS. MARGARET DOUGLAS, graduate of G. G. H., sails on Thursday, May 7th, via Montreal, to spend some months with relatives and friends in Scotland and England. Bon voyage.

MISS A. C. SMITH, Superintendent of Guelph General Hospital, has been appointed to the Editorial Board of THE CANADIAN NURSE, in place of Miss M. J. O'Neill, who has lately resigned.

MISS BELLE YOUNG, of New York, graduate of the Guelph General Hospital, who underwent an operation at G. G. H. recently, is now convalescent. Her many friends will be pleased to hear of her recovery.

MISS ELEANOR SAIT (M. G. H., '92), who has been engaged professionally in Sault Ste. Marie, Ont., is now visiting friends there. Before returning to her home in Montreal she intends spending a week with relatives in Toronto, leaving there about June 6th.

To Hospital Superintendents and Trained Nurses

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MISS JOANNA KEE left for Birmingham, Ala., in April. She will do private nursing.

MISS FRANKIE KING, W.G.H., who has been private nursing in Vancouver, is visiting in Winnipeg.

MISS BARBARA MCCLENNAN, V.G.H., has gone on a summer trip to her home in Prince Edward Island.

MISS IDA CARR, a graduate of H.C.H., has recently been appointed Head Nurse at the Hospital for Insane.

MISS MONICA GREEN, St. Joseph's H., Victoria, has taken charge of the operating-room in St. Ann's Hospital, Juneau, Alaska.

At 306 West Charlton Avenue, on March 28th, to Mr. and Mrs. Oliver Wilder (Olive R. Thirston, Class '05), a daughter (Kathleen Thirston).

IN Hanley, Manitoba, on December the 29th, Miss Beatrice Celeste Harvey was married to Mr. R. W. Millward. Mr. and Mrs. Millward will reside in Hanley.

MISS CAVANAGH, graduate Lady Stanley Institute, class '03, has recently completed a post-graduate course at the Woman's Hospital, New York City, and is at present doing private nursing there.

MISS SNIVELY, Lady Superintendent of Toronto General Hospital, was the guest of Principal Gordon of Queen's University during her stay in Kingston. Mrs. Gordon gave a reception for Miss Snively after the graduating exercises at the General Hospital.

MISS MAUDE BRODDY has resigned as Superintendent of the South Mississippi Infirmary, at Hattiesburg, Mississippi, U.S.A., and will take a short rest from professional duties. Miss Broddy will spend a short time with friends in Detroit.

MISS HELEN CAMERON-SMITH who was the founder and registrar of the Nurses' 57th St. Registry in New York, will spend the summer at her home in Nipissing, Ontario. Miss C. H. Gordon will have charge of the Registry during her absence.

Miss Cameron-Smith is a niece of Dr. R. W. Bruce Smith, Inspector of Public Charities for Ontario and a graduate of Winnipeg General Hospital.

BORN.—At 82 Homewood Avenue, Hamilton, on March 8th, to Mr. and Mrs. Peter Smith (Anna E. Hennessey, Class '07), a son.

MARRIED.—In Alliston, on March the 23rd, Miss Mary Cumberland, a graduate of H.C.H., Class '06, was married to Mr. Norman Rose. They will reside in Aliston.



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The Nurse's Library.

Materia Medica For Nurses. JOHN E. GROFF, Ph.G. \$1.25.
Philadelphia: P. Blakiston's Son & Co.

This is the fourth Revised Edition of Dr. Groff's well-known book. It has been re-arranged by Miss Lucy C. Ayers, Superintendent of Nurses' Training School, Rhode Island Hospital. The arrangement and the general plan of the work are excellent, and we think it should prove invaluable to the trained nurse in the United States.

Fever Nursing. DR. REYNOLD W. WILCOX. \$1.00. Philadelphia: P. Blakiston's Son & Co.

With the assistance of Miss Rykert, Superintendent of the Post Graduate Hospital, New York, the author has prepared a useful and complete text book of Nursing in Acute Infectious fevers. The statements are careful and accurate, and the whole book has been well prepared. We have here the chief facts, sufficiently stated and impressive.

Sometimes nurses find it hard to manage convalescent patients, especially if the convalescent be, as happened to one of us lately, an M.P. Books are good medicine for convalescents, but then the nurse needs to know a good deal in order to keep up her part of the game. Such a book as Lord's Cromer's recent *Egypt* is a book almost universally interesting among intelligent people. It is a long, wonderful story, well told.

ALL readers of this Magazine, who have not received a copy of "Women in Banking," written by Mrs. E. B. B. Reesor, and published in the *New York Bankers' Magazine*, will be given one upon application to the Crown Bank of Canada, 34 King Street West, Toronto. The article is illustrated with pictures of the special rooms set apart for women, and, as the privileges of using them and making this down-town Rest Room a meeting place for out-of-town friends or for consultations with their physicians has always been extended to members of the Nursing profession, it will be of interest to you to see what these apartments are like.

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The growing interest of Nurses in Mechano-Therapy is shown by the heavy enrollment for the Summer Courses in the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Inc., Philadelphia. The Spring Classes open on May 14th, and the Summer Classes on July 8th. Nurses contemplating joining either class are advised to apply for admission at once, as the number of students in each class is limited.

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The Canadian Nurse

A MONTHLY JOURNAL FOR THE NURSING PROFESSION IN CANADA

VOL. IV.

TORONTO, JULY, 1908.

No. 7

ADDRESS TO THE GRADUATING CLASS.*

In response to the kind invitation of your esteemed Principal, Miss Scott, it is my privilege this evening, as one of the pioneers of the nursing profession, to address this Class of 1908—these New Century nurses—and to bid you God-speed.

I deem it no small honor to be permitted to take part in the ceremonies connected with your graduation, not only because of my deep personal interest in Miss Scott, one of my children professionally—and in yourselves—who may be regarded as my professional grandchildren—but more especially, because these ceremonies take place within the walls of this renowned University.

For more than half a century the city of Kingston has been distinguished as a seat of learning, and Queen's University is known and honored throughout the length and breadth of our land. Canadian women will never forget that Queen's University was the first university in Canada to open its doors to women-students, and nurses will ever gratefully remember that Queen's University was the first university on the North American continent to throw open the doors of its Convocation Hall to do honor to a class of nurses on the evening of their graduation. To the speaker, this event is regarded as one of hopeful significance for the future of the profession you have chosen.

The trained nurse as we know her to-day had her birth in London, England, about forty-eight years ago. The large sum of money—£50,000—presented to Florence Nightingale by a grateful nation after the Crimean War, was returned by her with the request that this sum be used to establish and maintain a training school for nurses. Therefore, in the year 1860, the first training school, consisting of fifteen nurses, was organized in connection with St. Thomas' Hospital, London, England, and in less than fifteen years the United States established similar schools in some of its larger cities.

Ten years after the New York Training School, attached to Bellevue Hospital, had established its reputation as the best School

*Delivered before the Training School for Nurses, General Hospital, Kingston.

for Nurses in the United States, it was the privilege of the one who addresses you this evening to enter that school as a pupil nurse. Two years later it was her high privilege to be offered the position she now holds, where for the last 25 years she has been laboring to assist in the evolution of the trained nurse in her native land. In this endeavor she has kept uninterruptedly in touch with the workers on both sides of the Atlantic, and has shared their anxieties, hopes, and fears in the struggle for better moral, social, and educational conditions for nurses.

At that early period, many in Canada were disposed to regard the advent of the trained nurse with considerable distrust and misgiving, and our hospitals were more keenly alive to the duty they owed their patients than to their responsibility to the nurses who came to them for training. Nurses, therefore, who entered our Canadian schools a quarter of a century ago found not only the education provided for them somewhat crude and hap-hazard, but also that only the barest necessities, not to mention comforts, were all that awaited them in their off-duty hours, tennis-courts, school libraries, pianos, and separate residences being as little thought of at that time as wireless telegraphy.

But a brighter day has dawned! Canada has every reason to be proud of the large and progressive training schools which may now be found in many parts of her wide Dominion, and are yearly increasing in numbers and importance.

The pupils in these schools are provided with educational advantages of a high order, and also with libraries, pianos, and residences, which in some instances may justly be termed palatial.

It is, therefore, *your* privilege, and, I may add, *your duty*, to be dedicated to the work thus far advanced, and, *into the future open a better way*.

Each of you may contribute something new and positive to the progress of your chosen calling, something towards the dethronement of what is wrong, and towards the inspiring of broader, nobler, and loftier ideals. In so doing, you will add not only to the prestige and honor of your Alma Mater, but to the profession generally.

With this thought before us, it may be well to glance first at the varieties of service open to the trained nurse of to-day, and how she may make the most of these opportunities.

Time was when nurses only cared for the sick in hospitals or homes, than which no woman can ever hope to perform more noble, womanly, or Christ-like service. Nevertheless, in the work of social and moral reform, now making such rapid progress the world over, it has been found that the trained nurse may be reckoned with as an important factor, and to-day, when the demand for the broadly intelligent, and better trained woman, is greater than the supply, the well-trained nurse finds herself in the enviable position of a trained worker, who may choose the

particular branch of service most congenial to her, or in which she can be most useful.

An illness which necessitated the services of a trained nurse led the late William Rathbone, of Liverpool, England, to consider the desirability of providing the sick poor with experienced nurses in their own homes. In this way the district, or home-visiting, nurse originated. This is only one of the many branches of nursing which claimed William Rathbone's enthusiasm, his wealth, and his marvellous power of hard work, and yet it was the branch he loved the most.

From this good seed sown so many years ago have sprung hundreds of district-nurse organizations in Great Britain, one only of which may be mentioned, viz., the great national organization known as Queen Victoria's Jubilee Nurses, which has the support of the present Queen, and also of Florence Nightingale. In England this organization has 431 affiliated societies, in Scotland 193, in Ireland 89, and Wales 87, in all 485 societies, with a total of 1,537 nurses engaged in this beneficent work. The latest report of this large society states that the whole world is suffering from lack of suitable women to take up this work, and this scarcity is considered due to the fact that so many doors are opening in other directions for the class of women required.

The United States, with its 200 affiliated district or visiting nurse organizations, stands next in importance in this great work. Here we find such associations caring not only for the sick poor, but they have become potent factors in social and moral reform as well.

Their work among the immigrants in endeavoring to uphold the laws which relate to child-labor and sanitary and moral prophylaxis can hardly be estimated. The work of one nurse in this regard has been found to be of such service to the community in which she resides that the Board of Health has appointed her as one of its regular officers.

At the great national Conference of Visiting Nurses, to be held in Chicago on the 25th instant, such questions as "Visiting Nurses and the Housing Problem" and "The Visiting Nurse in the Prevention of Infant Mortality" will be discussed.

Canada also is coming well into line through the work of the Victorian Order of Nurses, and other similar visiting-nurse societies, but the field is large and ever increasing, and the laborers are indeed comparatively few.

Nurses' Settlements have been in operation on both sides of the Atlantic for many years. I have in mind one such settlement in New York City, which was undertaken by two earnest, philanthropic nurses, about fifteen years ago. This settlement keeps a large band of trained nurses employed, who every year make thousands of visits to the sick, among the home and foreign population, in the poorer districts of that large city, and treat

thousands of cases of first aid. This settlement has its town and country house, where, in the former, classes in a variety of subjects are taught, such as household and home-making duties, and in the latter, country-food and air is provided for those who could not otherwise afford this necessity.

The latest work this settlement has undertaken is to supply a study-room for the use of Public School children who have no quiet place at home, in which to prepare their lessons. It contains comfortable chairs, tables, and reference libraries, with a woman librarian, who is able to help those who require it. This room is so much needed that there are lines of children waiting outside for a vacant chair.

Next in order, and the direct off-shoot of the settlement and district-nurse, is the School nurse, whose work, under the direction of the Medical Officers of the London School Board, was begun in the City of London, England, about eight years ago, and found its way to this continent two or three years later.

It is the duty of the School nurse to attend to the general cleanliness and health of the pupils, to report cases of deafness, imperfect eyesight, skin eruptions, and apply such treatment from day to day as may be directed by the medical officers. If need be, she follows the children to their homes to see how they live, or to give such instructions as will improve the conditions of living, reporting also to the proper bureau, destitution in families, bad sewers, or children with contagious diseases, working on clothes in sweat-shops. These nurses may be regarded, therefore, as sanitary-missionaries, and New York City alone supports 75 such nurse-missionaries, at a yearly salary of \$900 each.

In the present-day crusade, which has been waged against what is known as the white plague, or tuberculosis, the trained nurse finds herself in the front of the battle. On the *tuberculosis-nurse*—who may be termed a district-nurse specialist—is placed not only the hygienic care of the tuberculous patient in the home, but she is also responsible for the instruction of the family, so that tuberculosis may not be a source of danger in the community. She must, if possible, see that too many are not crowded into an infected room, must report not only cases, but houses, attend to the clothing of the patient who dies of this disease, and, in many instances, to the fumigation and disinfection of the rooms thus occupied.

And now, may I remind you, that in any of these departments of service, together with that of the army and navy, in the Red Cross, in home or foreign-mission fields, you, as twentieth century trained nurses, may choose where you will serve.

The standard of training and excellence in the school from which you are graduating to-day is known and recognized. You are to be congratulated upon your choice of a school so advanced and so progressive.

As the years pass, you will realize more and more your indebtedness to your principal and to the school whose diploma you hold, and with this realization should also come the sense of added responsibility, for, "To whom much is given, of them also shall much be required."

This brings us naturally to consider that the ceremonies of this evening mark, to some extent at least, the beginning rather than the end of your work.

I mention this, that you may recall those beautiful words of Matthew Arnold's, in which he tells us that "The true end and aim of life is the endless expansion of its powers, in endless growth, and wisdom, and beauty—not a having and a resting, but a growing and becoming."

How, then, may each hope to attain that which is desirable and ideal, not only in the calling you have chosen, but in life itself.

* * * * *

To the superficial observer, you have only been engaged in making beds, bearing the numberless annoyances which sickness entails, and attending to the hundreds of petty duties which go to make up the thrice three hundred and sixty-five days allotted to your training. Nevertheless, consciously or otherwise, you have been engaged in a much grander, nobler, and more lasting work, viz., that of the formation of character. That you are more kind, considerate, intelligent, capable to-day, than you were three years ago, proves this, and this result dates back to that hour in your life when the decision, "I will be a nurse," was reached.

There is a great deal in the world that is delightful and beautiful, there is a great deal that is great and engrossing, but it will not last. Let us, therefore, address ourselves, at any cost, to the cultivation of the only thing which *will last*—the only thing which, when all else drops from our grasp, we will carry with us into the Beyond.

The foundations are already laid in our nature; in each of us there are promises of a growth, to which no limitation can be set. Therefore, "Whatsoever things are true, whatsoever things are honorable, whatsoever things are just, whatsoever things are pure, whatsoever things are lovely, whatsoever things are of good report, *think on these things.*"

MARY AGNES SNIVELY,

Lady Superintendent, General Hospital.

Toronto.

THE PATIENT'S FRIENDS.

While we all recognize that the Nurse's first and great consideration is her patient, we do not lose sight of the fact that the patient's friends have a claim to some attention.

A beloved one is seriously ill. Naturally the friends are anxious and worried, and, as a consequence, are apt to see things through blue glasses. The nurse may do much to dispel the gloom, lighten the burden, and renew the courage of these tried ones. Therefore give kind and sympathetic attention to their questions and strive to soothe their anxieties by your own assured confidence. Just be the comfort it is your privilege to be.

But we occasionally meet friends who desire to have things done as they say, who do not really mean to be meddlesome, but, in plain English, that is precisely what they are. Here is a problem for the nurse that requires all her tact and forbearance to solve in the right way and so do the best for all concerned. These well-meaning ones must be plainly but kindly shown that the doctor's way is the best for the patient. That is the point. All other plans and suggestions must be kept in abeyance for the present.

Are you in doubt as to what course to pursue? Just imagine yourself in the friend's place and then inquire "what would I like done?" and you are not apt to err in your conclusion. Much unpleasantness may often be avoided by this process.

Then again among these anxious ones there is sometimes one who impresses us as being more concerned than the others. The nurse is not slow to draw inferences and neither is she slow to plan to enhance her patient's happiness. Happiness is an excellent tonic, you know, none better.

Yes, the nurse's province is a wide one and her presence in a home influences many lives. Let her see to it that this influence is a beneficent one and that all are helped who come within its scope.

BELLA CROSBY.

MILK IN THE INVALID'S DIETARY.

When a fluid diet is prescribed for invalids; almost instinctively one thinks of milk as forming a considerable part of it. In some, perhaps most, such cases, it seems the ideal food. In others, it, for some reason, proves far from ideal. When milk fails to meet the needs, it is not infrequently found that very little care or thought has been taken in administering it or modifying it to suit the patient's condition. This is especially true in dealing with certain classes of typhoid fever patients. We are learning slowly that in all foods the way, or the condition, in

which it is prepared, and eaten, has a great deal to do with good digestion.

Perhaps one of the first lessons a nurse needs to learn about milk, is that, though it is a fluid outside the body, it very quickly becomes a solid when it comes in contact with stomach juices. If it is taken very slowly, about a couple of teaspoonfuls at a time, and that held in the mouth long enough to become thoroughly mingled with saliva, the milk will not be likely to form into a tough indigestible curd that is liable to cause distress, to be rejected, or to pass undigested through the whole intestinal tract. Milk is a food which should be eaten rather than hastily gulped down.

When starting in on a milk diet that is likely to be continued for some time, or if the invalid has a deep-seated prejudice to milk, it is better to start with small amounts at a feeding, say a half ounce, given quite hot or quite cold, and repeated in fifteen minutes or thereabouts, until he finds that he does not reject it. When he is convinced that it does not disagree, as he was sure it would, the amount can be gradually increased till he is taking his full dose every two or three hours.

In improving the digestibility of milk, there are a great many devices and methods with which every nurse should be familiar, and by all means she should make a close study of her patient's digestive symptoms. The addition of lime-water is well known. It is well to remember that where constipation exists the use of lime-water is apt to aggravate the trouble, though it is a help when nausea and diarrhoea have to be controlled.

Barley water and oatmeal water are both excellent aids in making milk more easily digested. There is just starch enough in these fluids to check the formation of the milk into the dense, cheesy curds which may prove an irritant to the whole intestinal tract. These fluids are especially valuable in diluting or modifying milk for children. When obliged to choose between the two, bear in mind that oatmeal has a slightly laxative effect, and barley water the opposite. If there is nothing in the condition of the stomach or bowels that forbids, a cracker or a bit of bread given a child or adult with a glass of milk will answer a purpose similar to the cereal waters.

Junket is milk which has gone through the first stage of digestion, and can be used in practically all adult cases where a milk diet is being used. It can be flavored with different flavoring substances, and quite often a patient will be delighted with the junket when he was tired of plain milk. It seems more like getting something to eat, which is quite a consideration in some cases.

Equal parts of milk and hot water will often be retained by feeble stomachs when the pure undiluted milk would disagree.

Also equal parts of concentrated chicken broth and milk make a very delicious drink by way of variety.

In the later stages of typhoid fever, before much variety in diet is permitted, a cup of coffee made with milk is relished as a hot morning drink by almost all lovers of coffee. For this, about four ounces of milk should be heated, but not allowed to boil, and about two tablespoonfuls of freshly-made black coffee added.

Cottage cheese, which is milk from which the cream and whey have been extracted, is a valuable food, and relished by many patients. It contains the casein, the nitrogenous element of the milk. In cases where there has been much tissue waste, this food is much better adapted to repair the waste than many other foods.

Some eminent authorities advise the use of about ten grains, or a saltspoon, of baking soda, to a glass of milk, instead of lime-water, where there is a tendency to hyperacidity of the stomach.

Albumenized milk, as used in the United States Army, is made by beating the white of an egg till light, but not stiff, adding a pinch of salt (and sugar, if desired), and stirring it into four ounces of cold sterilized milk; or equal parts of milk and sherry may be used occasionally for variety's sake. This combination is especially valuable in typhoid fever, where emaciation is very rapid.

It is stated by some good authorities that digestion is always better at the time of day when the fever is lowest, and that it is advisable to increase the amount of food at those periods, and slightly lessen it when the fever is at its height. Where the milk seems to be well digested, no sign of curds in the stools, no tympanites, and the tongue seems clean, and still there is rapid loss of flesh early in the disease, it is a pretty fair indication that the patient is not getting enough food. On the other hand, if the opposite of these signs is seen it is well to ask whether too much milk is being given or whether there have been faults in administering it. It may need to be peptonized or predigested in some way. It may need some other method of dilution or modification. These are cases on which much depends on the observing powers and judgment of the nurse.

Quite often buttermilk will agree with patients who constantly complain of biliousness or distress after taking sweet milk. Some very excellent results have been observed from adding buttermilk to the diet of frail, poorly-nourished invalids, especially those of a nervous type. In such cases it is best taken as a beverage between meals. For increasing the flow of milk in a nursing mother, buttermilk also has yielded most gratifying results. Not a few European authorities highly recommend buttermilk modified, as a food for infants, especially those with gastro-intestinal troubles. Several United States hospitals have tried it, but opinions regarding its value are exceedingly conflicting at present. One

Chicago hospital reports giving it a trial and speedily abandoning it.

The whole subject of milk is one which will bear a great deal of study from every practising nurse. New ways of administering it and disguising its taste are things on which every nurse ought to be able to report progress in her methods from year to year.

C. A. AIKENS.

THE CARE AND TREATMENT OF THE CRIMINAL.*

In a crude way we admit that on general principles it is in the interest of the State that the true criminal should be locked up and subjected to proper treatment.

The question is—What is the proper treatment? not only in the interest of the criminal himself but for the protection of the rights of the State.

Defect must not be confounded with disease if we are to discuss this question intelligently.

Criminals should be classified much as follows: The Criminal insane, Moral imbeciles, Instinctive criminals, Habitual and Professional criminals, Accidental criminals.

The criminal insane—a much greater class than is ordinarily supposed. Owing to the unsatisfactory methods they frequently go unrecognized; although Canada is slowly improving in this matter and battles in court between experts and lawyers are gradually becoming fewer.

A visit to the Penitentiary reveals the fact that even victims of gross brain disease pass into that institution unrecognized.

Moral imbeciles—Persons absolutely defective in the moral sense and ordinarily deficient in intellectual qualities as well. These people not necessarily vicious, but commit their crimes because of their want of all sense of responsibility. All should be under care where they are easily managed.

The instinctive criminal is the greatest scourge society has. These people are not only mentally but also physically abnormal. Their depravity is absolutely beyond reach, their claims to mix with society untenable and their degeneracy a menace to others not so low in the social scale.

The occasional criminal is not so far removed from the normal. Environment and circumstances favorable to his fall his greatest menace. From his ranks the habitual criminal is largely recruited.

Our reformatories and prisons not built with the slightest

*Abstract from an address read at a recent meeting of the Graduate Nurses' Club, Toronto.

recognition of proper classification and the law wrong in fixing a definite term for punishment. The very word "punishment" ordinarily a mistake and *scientific justice* administered by the average sentence not attained. Society must protect itself, but the highest kind of protection not reached when punishment is aimed at the offence alone. It does not accomplish what it sets out to do and ordinarily ignores social conditions and defective institutions which produce these outcasts from society.

No provision made for proper treatment of the insane criminals. Moral imbeciles not recognized by law, whereas they are well known and understood in institutions for the insane.

The instinctive criminal should never be given liberty; should never be allowed to associate with other classes of criminals, but should be kindly and carefully treated in a properly constituted prison, for his own sake and for the sake of society. Where possibility of reformation takes place everything should be done to achieve a good result. The suspended sentence and parole system are useful and the proper development of the indeterminate sentence absolutely necessary. It is impossible for a judge to determine what should be the sentence of any prisoner during a brief study of his case before a jury. It is not the desire of rival counsel to bring out the true facts of any case.

The ideal prison should have at its head a commission of the best judicial and scientific men the country can produce and this should suggest the rational treatment in each particular case.

The ideal reformatory should be equipped first with a broad-minded commission at its head and its officials should be well educated and possessed of an intelligent conception of the nature of criminals. In other words, each reformatory should be a large moral hospital rather than a prison, where every criminal admitted would be studied and classified in a way that would be of most benefit to him and to the State at large. The system of allowing hopeful criminals back to freedom should be employed.

Great stress was also laid on the fatal mistake Canada is making in allowing the hordes of defective immigrants who are coming to our shores access to the country. Startling statistics, based on the admissions to Toronto Asylum were given, and it was pointed out that the proportion of insane among the people coming to Ontario just now was nearly thirty times greater than it should be under ordinary circumstances. The danger from the insane immigration was not the only thing to be feared, because the defective and criminal classes must be very largely represented and in future we shall have to pay the price. Much of this danger has been avoided in the past, but the present theory of pumping in the population, no matter from what source, is the greatest mistake politicians have ever made.

Asylum for the Insane, Toronto.

C. K. CLARKE.

THE CARE AND MANAGEMENT OF INCURABLES.*

MADAM PRESIDENT, LADIES, AND GENTLEMEN:—

To those of you who are engaged in the active pursuit of every new means that science can suggest to ameliorate or prevent the ravages of disease in all its acute stages, the care of the hopelessly chronic cases will naturally appeal but slightly. Nevertheless, I feel that an appeal should be made for the "Incurable," not only to members of the medical profession, but to the laity as well.

The term "Incurable," unfortunately, may apply to both young and old, and what tugs at the heart-strings more than the sight of an incurable child? No longer ago than last week I went to the bedside of one of my youngest patients, a girl of twenty-two, who has been bedridden for some six or eight years with hip-joint disease. Usually she is bright and happy, but on this occasion I found her in tears. At first she refused to tell me the cause of her grief, but as I gently insisted, in order to make her more comfortable, if possible, she finally sobbed out, "Oh, Miss Gray, it is so hard to think I shall never be like other girls." What invention of science would you suggest in a case of that kind?

* * * * *

The aged and incurable do not always receive the attention they merit, either in homes or hospitals, more especially the poor. There is a tendency nowadays, which medical men cannot ignore, to let old people and chronics take their chances. The poor man can work no longer. He is an incubus to his relations. He is dependent upon others to feed and clothe him. What wonder that he is neglected and dirty, and very quickly dies? With the rich, the relatives will benefit by the demise of the feeble invalid, and sometimes even wealth does not secure attention. As an illustration, I would like to make brief mention of a case of advanced Rheumatoid Arthritis, which was sent to us from an eastern town. His people were well-to-do. He had a comfortable income of his own. They were paying a male nurse \$10.00 a week to look after him. There was very great deformity of the limbs and feet, sight entirely gone, circulation very poor, causing an œdematous condition of the feet, with this desquamation leading on to ulceration, caused by lack of proper attention. We learned that the only dressing this unfortunate man's feet received was a liberal administration of talcum powder at such times as there would be any indication of an eruption or oozing through the thick crust that enveloped them. Both feet were literally caked with it. They were never washed nor cleansed. They appeared to be in plaster moulds. The man lived three months after coming to us, and, although most careful attention was given to the case, it was two months before the ulceration was healed and the scales removed.

*Read before the Canadian Hospital Association.

Then, too, we get numerous cases from homes and other institutions as well, where patients have been over-stimulated and drugged from a mistaken idea of keeping them quiet, instead of treating their condition. Sometimes it takes months to reduce them to a normal and reasonable way of living. I regret to say, we get more bedsores and evidences of neglect from other hospitals than from any other source.

In hospitals, physicians and nurses are so on the *qui vive* to make records in restoring health to those overtaken by acute diseases they have little time to devote to the one who is to be always "shut-in." He, or she, is promptly dubbed rather a nuisance, and the poor patient soon arrives at the same conclusion.

Clearly, there is but one reasonable solution of the problem: there must be suitable places provided for these sufferers. There should be more of them in Canada, and those that we have already should be larger.

Before speaking of the general management of such institutions, perhaps it would be as well to mention the nature of the maladies of those who, as a rule, seek admission. Out of 140 patients, we have 26 suffering from rheumatism, 49 from hemiplegia and paraplegia, 10 various forms of neurasthenia, 5 paralysis agitans, and locomotor ataxia, and a great variety of individual cases, such as progressive muscular atrophy, erythromelalgia, etc., etc.

Now, with few exceptions, there are certain symptoms which are common to most of these disorders. For instance, you will find a marked lack of resistance to cold. The circulation is feeble and the blood current in the distant vessels languid, owing to their enforced inaction. They flourish best, therefore, in warm, sunny weather, and, through the cold and wet seasons, in order to ensure their comfort, we find it necessary to keep the temperature of the wards up to about 70 degrees during the day. Then, again, their digestion is slower and very often weaker. The gastric tubes and peptic cells are in a condition of atrophy, rendering it necessary that their diet should be carefully selected, as ordinary food will not nourish them. We find it absolutely necessary in very many cases to cater to the individual needs, as a regular routine dietary cannot possibly be adapted to all.

Then, the renal secretions very frequently are altered, and often inadequate, and consequently the emanations from the skin and lungs are very offensive, making it necessary to pay the strictest attention to regular bathing and changing of clothing and bedding, washing of walls, and the utmost rigidity regarding ventilation.

The decay of the mental faculties is a feature very often to be considered. It takes away nearly all power of occupation and amusement, and in this way reacts on the bodily health. To counteract this, every effort should be made to entertain and amuse. Through the winter season we find it advisable to

have a regular succession of concerts and entertainments of various sorts. The effect on the spirits and flagging energies is very gratifying. A good concert gives food for thought and conversation for days, and, besides, keeps the patients, in a small degree, in touch with the outside world, so that they feel in a way they are still a part of it. Regular religious services are held, both Sundays and week days, which places the daily living on the basis of a Christian family life.

Now, as to the actual care of the patient, I will not need to explain to an audience of this kind how much depends on careful nursing. Take, for instance, an institution where there are forty patients absolutely helpless, with the natural functions deranged in many cases—the care of these alone, keeping them clean, well-nourished, free from sores or irritations, encouraging them, never allowing them to feel that they are incumbrances, the deft and gentle handling of the sensitive and pain-wracked joints, the patient bearing of the continued repetition of peevish and ill-natured complaints—the tolerant forbearance under all circumstances, because, as you must understand, the “Incurable” considers himself quite capable of diagnosing his own case, and ordering his own treatment, and woe to the unwary nurse, or doctor, who expresses an opinion contrary to his ideas.

The great principle in treatment is to keep up the general health. We find in the majority of cases that are admitted a very marked improvement in a few months. Many cases who have come to us bedridden from other hospitals have been able in a short time to walk about, and, although not cured, still able to enjoy life, and wait on themselves.

We encourage them in every way to occupy themselves in some useful way, which serves as a means of exercise, and also occupies the mind and keeps them from useless brooding. Then, from early spring until late in the fall, we insist upon their being wheeled out into the fresh air and sunlight. Our large verandahs are always well filled. It is remarkable to find how many superstitions there are about the bad effects of light and air. Many of the patients will find ingenious excuses to prevent being placed outside even in the blumiest weather.

As to medicinal treatment, it consists mainly of tonics and alternatives. Narcotics are dangerous, and are avoided as far as possible. Placebos are always in order. Drastic purgatives are rarely required. Artificial digestive preparations are of much value in disorders of digestive origin. We find it good to discontinue tonics for awhile, and resume them later.

Then, as to the physical treatment, in addition to regular bathing, we have found massage of very practical value. Even although stiffened joints could not be liberated, there has always been a general improvement in the tone of the whole system. We have also found the various mechanical vibrators of use and benefit. We have used the galvanic battery in many cases, too,

with good results. The value of suggestion in all such treatments must not be under-estimated. There are few who do not acknowledge some improvement, from the bare fact of having something done.

As to discipline, we find it necessary to exercise considerable firmness. There is a tendency on the part of those who have been long in residence to become dictatorial and interfering, even with those in authority. Then, as far as intercourse with each other is concerned, we aim, as far as possible, to place those who seem congenial in the same wards. The life is really a community life. There are rules and regulations and restrictions and privileges, there are the petty jealousies and rivalries, and absurd questions of precedence arise from time to time, that make it necessary for one to be veritably an arbitrator, who must use very fine discrimination.

In conclusion, I would say that the great fundamental principle which is involved, which surrounds and envelops the care of every afflicted person, man or woman, is sympathy, the "touch quality," as Ruskin puts it—the putting of ourselves in the place of those who are forever laid aside from this world's work—the feeling what is must mean to be called "Incurable"—the realizing of the awful hopelessness of it. Then, and then only, do our spirits rise to meet the occasion. Then does the divine command come to us with clearness and force: "Bear ye one another's burdens and so fulfil the law of Christ."

The following lines so fully present the sad outlook for stricken sufferers, I ask your forbearance while I read them:

"Folded Hands."

"I toil no more—my day is done;
How much I wrought I may not know;
I watch the low, descending sun,
And see the night approaching slow,
My day's work as it is must stand,
For labor's joy no more is mine;
The tools drop from my nerveless hand,
My dim eyes see no mark or line.

"The pleasant labor of the day,
The following hours of welcome rest—
Those from my life have passed away,
No longer has it aim or quest;
I sit and wait—and all the hours,
The happy past before me stands;
With dimming eyes and failing powers,
I live the life of folded hands."

MILDRED GRAY,

Superintendent Hospital for Incurables, Toronto.



MONTREAL BRANCH.

THE year 1907 has seen a steady increase in the extent and scope of the Victorian Order in Montreal, a constant increase in the number of nurses and in the number of districts under their charge, and a gradual, but steady, growth of public recognition, with prospects of still larger usefulness.

There are 18 nurses regularly employed in the different districts, and the number should be increased, so great is the demand for their services from all parts of the city.

At present there are five districts under the care of the Order. Miss Lynch, who has been in charge in Montreal so long, has control of these districts.

Two hundred and twenty-five doctors employ the V. O. nurses constantly and acknowledge the benefit of their services.

Under the auspices of the Natural History Society of Montreal and of the Local Council of Women the nurses have given a short course of lectures on district nursing. In view of the very heavy death rate in this city, especially among young children, it is of great importance that information should be given as to the care of infants, proper feeding, clothing and bathing. The fact that the nurses are known and have given practical help should impress an audience and make it sympathetic and willing to learn.

A POST-GRADUATE course in District Nursing, four months, is given at one of the Homes of the Victorian Order of Nurses, either in Ottawa or in Toronto. For full information, apply to the Chief Lady Superintendent, 578 Somerset Street, Ottawa, or to the District Lady Superintendent, 206 Spadina Avenue, Toronto.

The
Guild of



Saint
Barnabas

“Je le pansay ; Dieu le guarit.” [I tended him ; God healed him.]
—Ambroise Paré.

The following is an extract from an address by Dr. Oswald Browne at the Anniversary Guild meeting in London :

“I know something about nurses . . . how the life that is in theory so attractive, tends inevitably in sterner practice to settle down into monotony and commonplace, how the hourly demands that are made each day upon you try your temper and your strength, how even the most willing hands sometimes hang down, and knees become feeble, and stout hearts faint. Yes, and it is just because I know it all, that I love and rejoice in this Guild of St. Barnabas.

Cling to the Guild, enter more and more into its spirit, let it become as it may become, increasingly a great support and strength and encouragement of your lives. Cling to it, let the daily prayer be daily said, come regularly to the meetings, be keen, enthusiastic, faithful members of the Guild. I think if Life teaches us one thing more than another it is this—that it is impossible to set limits to the good that may result from even one faithful life. As you go to your work each day remember who it is that said, “Even the son of Man came not to be ministered unto, but to minister.” And as you come back weary and jaded from it remember for one moment who it is that says “Inasmuch as ye have done it unto one of the least of these my brethren, ye have done it unto Me.”

And so I pray God’s blessing upon the Guild of St. Barnabas—upon the Guild and all its members. May He who has given you all this work to do for Him be with you as you do it, and be Himself

In every difficulty, your Guide,
In every temptation, your Defence,
Your strength in weakness,
And in weariness your Rest.”

My Scallop-Shell of Quiet

*GIVE me my scallop-shell of quiet,
My staff of faith to walk upon,
My scrip of joy, immortal diet,
My bottle of salvation,
My gown of glory, hope's true gage;
And thus I'll take my pilgrimage.*

*Blood must be my body's balmer;
No other balm will there be given;
Whilst my soul like quiet palmier
Travelleth toward the land of Heaven;
My soul will be a-dry before,
But, after, it will thirst no more.*

—Sir Walter Raleigh

THE ANGELS.

How oft do they their silent bowers leave,
To come to succour us who succour want!
How oft do they with golden pinions cleave
The fitting skies, like flying pursuivant,
Against foul fiends to aid us militant!
They for us fight, they watch, and duly ward,
And their bright squadrons round about us plant,
And all for love, and nothing for reward—
Oh, why should Heavenly God to man have such regard?

—Edmund Spenser.

BE STRONG.

Be Strong.
We are not here to play, to dream, to drift.
We have hard work to do, and loads to lift,
Shun not the struggle; face it. 'Tis God's gift,
Be strong.
Say not the days are evil—Who's to blame;
And fold thy hands and acquiesce—Oh, shame.
Stand up, speak out, and bravely, in God's name.
Be strong.
It matters not how deep entrenched the wrong;
How hard the battle goes, the day, how long.
Faint not; fight on.
To-morrow comes the song.

There are men whose love throws out sympathies on all sides, invents obligations where no claim could be enforced, and breaks through restrictions naturally hindering them from interference. So far from seeking excuse for not helping, they invent excuses for helping, or are unconscious that excuses are needed. Of this class of men the Good Samaritan is the immortal type—the once-drawn picture of the Master-hand that needs no added touch. In him you see that it is love that makes the difference; that in the time of need a compassionate heart is to more purpose than any tie, engagement, office, or bond.

MARCUS DODS.

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Editorial.

A CANADIAN NATIONAL COUNCIL OF NURSES.

We heartily endorse the suggestion of Mrs. Bedford-Fenwick that the time has come when Canadian nurses should consider national organization. It was one of the chief purposes in the mind of the founders of THE CANADIAN NURSE, and we hope the time is not far distant when our national nurses' magazine shall chronicle the formation of a National Association of Nurses.

THE NURSE'S DAY.

Few wage-earners work twelve hours, or more, a day, and, great as are the responsibilities of the nurse to the hospital, it should not be forgotten that the responsibilities of the hospital to the nurse are equally great. It is evident that the time is coming when these relations will need to be re-studied and re-adjusted. The petition of the nurses in the Toronto General Hospital for an eight-hour day is a sign of the times.

Moreover, it is a very serious indictment against Hospital training that there is a general impression that nurses in the last year are broken down in health. We have no hesitation in saying that Hospital nurses, as a rule are worked too hard, and have too long hours, or, what is the same thing, not enough time off duty. An excellent symposium on this subject was published on June 1st in the *National Hospital Record*. It seems to be the general opinion, as expressed in the *Record*, that two relays of nurses, with longer off-duty hours, say two or three hours per day, with a half-day each week, and special rest-hours for Sunday, is the best solution of the problem. The Superintendent at Toronto General Hospital, with all the difficulties of the situation before her, has succeeded in giving the 127 nurses now on duty there a half-day, beginning at 12.00 noon, each week, for the summer at least. The broader and more unselfish the outlook, both of the Hospital authorities and the Nurses, the sooner the situation will improve. There is not a little truth in the somewhat extreme letter which recently

appeared in a Canadian paper, "Nurses as Martyrs." Yet in this occupation, as in every other, though there are martyrs, saints, and heroes, the great majority are good average ordinary women, and too much should not be expected of them.

A WELL-EARNED VICTORY.

The House of Lords, by a vote of 53 to 20, promptly rejected the "Nurses' Official Directory Bill." As our readers will remember, this was an extraordinary attempt, on behalf of certain persons, to usurp authority over the whole nursing profession, without ever even consulting them. They asked for bread—that is, for Registration—and this Bill would have given them a stone. But the *British Journal of Nursing*, whose motto is *Semper Paratus*, and whose editor never sleeps, warned the profession of the danger, and thus awakened, the Society for the State Registration of Trained Nurses took steps to bring their views to the attention of the members of the House of Lords, with the happy result chronicled above. As the *British Journal* says, this shows the absolute necessity for nurses having their own journals and their own organizations, and attending to their own business generally. Among the noble Lords who helped to defeat the Bill were the Archbishop of Canterbury, the Duke of Devonshire, the Marquis of Lansdowne, Viscount Milner, and Lord Stanley.

Editorial Notes.

UNITED STATES.

Lectures by Private Nurses.—It is announced that in the new Bellevue and Allied Hospitals, the course of the pupil nurses will be enriched by lectures on private nursing, by private nurses.

Los Angeles Nurses.—There are six city nurses in Los Angeles, three serving under the College Settlement and three School nurses serving under the City Health Officer. They help to nip threatened epidemics in the bud, watch carefully for cases of tuberculosis, and do good work among the mothers of the poor. The hours are from 8.00 to 5.00, and the salary \$75.00 a month.

The Nurses' Associated Alumnae.—The California meeting was truly a great meeting. The official train, bearing about 100 or more officers and delegates, reached San Francisco at 7.30 a.m., May 4th, and business began at 8.30 a.m. that day, by a meeting of the California State Nurses' Association. The meeting of the Associated Alumnae began the next day, and was thoroughly enjoyed by all. Time and space fail us to give any idea of the interest and importance of the meeting, even judging only from the excellent

reports in the San Francisco papers and in *The Nurses' Journal of the Pacific Coast*.

Annual Meeting of Superintendents of Training Schools.—The 14th annual meeting, held at Cincinnati, was a great success. The Mayor, the President of the Ohio State Medical Association, and the President of the Ohio State Federation of Women's Clubs, welcomed the Society, and to these addresses Miss Nutting of New York and Miss H. H. Scott of Chicago responded. Miss Greenwood, the President, was in the chair, and the Association did a vast deal of work. Among the papers of the three days' sessions were several on Dietetics and others, on "The Planning of Hospital Buildings," "The Nursing of Children," "A Nurse's Opportunity in Factory Work," and "Nursing in Diseases of the Eye and Ear." The new officers are: President, Mrs. Hunter Robb, Cleveland; First Vice-President, Miss Mary H. Greenwood, Cincinnati; Second Vice-President, Miss M. M. Russell. Miss Nevins, Washington, D.C., and Miss Anna L. Aline were re-elected Secretary and Treasurer.

GREAT BRITAIN.

Florence Nightingale's Carriage.—The carriage in which Florence Nightingale drove round to the Hospitals at the Crimea is to be seen at the Franco-British Exhibition in London. Many will look at it with feelings of deep interest. Here we cannot refrain from quoting some lines which appeared in the *London Times*: "This spirit of thoroughness added to her feminine sweetness and the deep wisdom which comes from knowledge and suffering and labour manfully attempted constitute the greatness of Florence Nightingale. It is half a century and more now since the days when in those 'long arcades of Scutari . . . dying men sat up to catch the sound of her footstep or the flutter of her dress, and fell back on the pillow, content to have seen her shadow as it passed,' and it is good for the glory of this country to think that she is still honoured among us, and that her failing years are passed in peace and cheered by the gratitude of the sons and daughters of the generation she succoured. Some of us had not, indeed, forgotten Miss Nightingale, but hardly believed that she was still among us, so quiet and unostentatious had been her life, although those in need of advice in organizing nursing and hospitals had never forgotten to turn to her. Now we may hope that the tardiness in paying some of the debt of honour due to her may be atoned in her eyes by the heartiness and enthusiasm with which the whole community have acclaimed its payment."

CANADA

A Nurse Not a Martyr.—Among the "Business Girl" Letters in a Canadian newspaper recently, "Experienced" writes that a nurse must needs be a martyr. But "A Nurse" writes soon after and strongly denies this, saying that she is, honestly and truly thankful that she is a nurse.

Official Department.

THE ALUMNÆ ASSOCIATION OF THE COLLINGWOOD GENERAL AND MARINE HOSPITAL TRAINING SCHOOL FOR NURSES.

Officers for 1908-9: Hon. President, Miss Morton; President, Miss G. Morrison; First Vice-President, Miss P. J. Cottrill; Second Vice-President, Miss Ella Baker; Secretary, Miss J. E. Carr; Assistant-Secretary, Miss E. M. Dawson; Treasurer, Miss M. M. Redmond.

Sick Visiting Committee: Miss Moore, Miss Robinson, Miss G. Morton, Miss Klinek.

The meetings are held on the last Thursday of the month at 3 p.m. in the Board Room of the Hospital.

TORONTO GENERAL HOSPITAL ALUMNÆ ASSOCIATION.

Officers, 1907-8: Hon. President, Miss Snively; President, Miss A. Muir, 505 Sherbourne St.; 1st Vice-President, Miss H. Fralick, 12 Selby St.; 2nd Vice-President, Miss M. Tweedie, 53 Langley Ave.; Treasurer, Miss Halbhaut, 12 Selby St.; Recording Secretary, Miss Mary Roberts, Grange Ave.; Corresponding Secretary, Miss Samson, 12 Selby St.; Directors: Miss Hall, Miss Burnett, Miss Crosby, 12 Selby St.

Conveners of Standing Committees: Sick Visiting, Miss Alice Stewart, General Hospital; Registration, Miss Lucy Bowerman, Sherbourne St.; Programme, Miss Ida Beam, Selby St.; Social, Miss Younger; Look-out, Miss Baldwin; Press and Publication, Miss M. E. Christie, 19 Classic Ave.; Representative of the Central Registry Board, Miss B. Crosby and Miss Purdy; THE CANADIAN NURSE Representative, Miss Frieze.

THE ALUMNÆ ASSOCIATION OF THE HOSPITAL FOR SICK CHILDREN TRAINING SCHOOL FOR NURSES, TORONTO.

Officers, 1907-08: Hon. President, Miss Brent; President, Miss Gowans, 5 Dupont St.; 1st Vice-President, Miss Barnard, 608 Church St.; 2nd Vice-President, Miss Ellrington, 15 Selby St.; Recording Secretary, Miss Sale, 116 Binscarth Rd.; Corresponding Secretary, Miss Robertson, 182 Walmer Road; Treasurer, Miss Mary Hill, 105 Roxborough St. East; Secretary of Invalid Cookery Book, Miss Mary Gray, 505 Sherbourne St.

General Business Committee: Convener, Miss Barbara Goodall,

666 Euclid Ave.; Miss Jenny Gray, Deer Park P.O.; Miss Bennett, 505 Sherbourne St.; Miss Kirkby, 266 Gerrard St.; Miss Adams, 85 Isabella St.; Directors, Miss Halley, 24 Elgin Ave.; Miss Lemman, 20 Boswell Ave.; Miss Clark, 85 Isabella St.; Representatives to Central Registry, Miss Cooper, Miss J. Hamilton. Representative on Editorial Board of THE CANADIAN NURSE, Miss Hamilton.

Meetings are held on the second Thursday of the month in the Nurses' Residence at 3.00 p.m.

QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

The following ladies have received appointments as Staff Nurses: Miss M. J. Jones, Miss M. A. Lovett, A.N.S.R., Miss E. Cooke, Miss M. J. Branson.

POSTINGS AND TRANSFERS.

Matrons.—Miss A. Nixon, to M. Hp., Shorncliffe, from S.S. "Plassy"; Miss B. I. Jones, to M. Hp., Cairo, on arrival in Egypt. Miss L. M. Stewart, to M. Hp., Dover, from M. Hp., Canterbury.

Sisters.—Miss E. Body, to M. Hp., Dover, on return from Malta; Miss C. Mackay, to M. Hp., Gibraltar, from M. Hp., Shorncliffe; Miss H. M. Drage, to R. V. Hp., Netley, from duty on S.S. "Plassy"; Miss E. L. McAllister, to M. Hp., Shorncliffe, from Q. A. M. Hp., London; Miss L. M. Moor, to M. Hp., Devonport, from M. Hp., Chatham; Miss K. A. Allsop, to M. Hp., Chatham, from M. Hp., Devonport; Miss E. C. Cheetham, to M. Hp., Pretoria, South Africa, from M. Hp., Potchefstroom; Miss A. Guthrie, to R. V. Hp., Netley, on return from South Africa; Miss A. F. Byers, to R. M. I., Dublin, from R. V. Hp., Netley; Miss W. Potter, to M. Hp., Canterbury, from R. M. I., Dublin.

Staff Nurses.—Miss A. R. Sibbald, to Cambridge Hp., Aldershot, from duty on S.S. "Plassy"; Miss M. Byerley, to M. Hp., Portsmouth, from duty on S.S. "Plassy"; Miss E. J. Barrow, to Q. A. M. Hp., London, on appointment; Miss F. McClelland, to Q. A. M. Hp., London, on appointment; Miss C. Webster, to R. M. I., Dublin, on appointment; Miss I. J. Pooley, to C. Hp., Aldershot, from R. M. I., Dublin; Miss F. M. Tosh, to Egypt, from C. Hp., Aldershot; Miss A. A. Steer, to M. Hp., Cairo, on arrival in Egypt; Miss I. Harley, to R. V. Hp., Netley, on appointment.

APPOINTMENTS CONFIRMED.

Staff Nurses.—Miss M. McBride, Miss F. C. Craig, Miss E. M. Croisdale, Miss M. A. G. Martin, Miss E. A. Rutherford, Miss R. L.

Neville, Miss J. McP. B. Smith, Miss E. A. R. Yockney, Miss M. H. Graham.

ARRIVALS.

Miss I. J. Jerrard, R.R.C. *Matron*, Miss D. D. Tripp, *Sister*, from Egypt.

C. H. KEER,

Matron-in-Chief, Q.A.I.M.N.S.

TORONTO CENTRAL REGISTRY THIRD ANNUAL REPORT.

Madam Chairman, Members of the Central Registry and Our Guests:—On this our annual meeting and third birthday there is little to report that is especially interesting with this exception, that the work of consolidation is going steadily on, and that we have developed from a nurses' society into a permanent and lasting institution, that is known and well thought of both in Toronto and the surrounding country, and that we are recognized as such, and our work as professional women acknowledged and appreciated both by our own and the medical profession. Yes, and I think I may say, the laity also, for there is nothing that the public so cordially endorses as "good work."

Early in March an honor was conferred on our Registry when the newly-formed 'Graduate Nurses' Association asked the Registrar to go down to the Capital and tell her sister nurses how our Registry was conducted, and it was her privilege and pleasure to see a second Central Registry started in Canada before she returned home. It is our great hope that some arrangement can be made between these Central Registries, so that a member desiring to nurse in another city will be accepted immediately without the necessity of having to send in a formal application and then wait for an indefinite length of time to be accepted. An official letter from her home Registrar on official paper should fulfill all requirements.

The past year has been an exceedingly trying one; the calls have been short and far apart, this condition being largely due to the financial stringency. Then, too, the past winter has been a healthy one, a condition for which we should be thankful when we think of the poverty and wretchedness that prevailed all about us. On many occasions during the winter various of our nurses helped among the suffering poor, embracing every opportunity that presented itself to do good work.

The following is a complete list of nurses up to date:

The Toronto General Hospital	99	Sick Children's Hospital	...	32
The Western Hospital	 10	Grace Hospital		29

St. Michael's Hospital	23	Isolation Hospital	11
St. John's Hospital	3	Orthopœdic Hospital	3
Nursing at Home	1	Dr. Myers' Private Hospital	1
American Hospitals	29	Brit. and Canadian Hospital	29

Making a total of 271 nurses.

The following are the calls for the year:

Month.	Registry.	Personal.	Unanswered.	Total.
July	73	25	2	98
August	105	21	3	126
September	88	24	3	112
October	100	20	0	120
November	49	26	0	75
December	80	29	1	109
1908.				
January	114	34	0	148
February	104	18	2	122
March	112	21	2	133
April	109	14	1	123
May	134	24	5	156

The total amount for the year 1,322

Visiting nurse calls for the year, 53. The first year our calls numbered 550, increased to 1,451 the second year, with a decrease of 127 this year. This statement clearly shows what a poor year the nurses have had.

Out of our small savings it has been our pleasure and privilege to assist in some charity work. In one case we paid the nurse her full rates for two weeks and ten days, thereby saving a most useful life from what seemed a certain death from typhoid fever.

The second case was that of a little child practically dying from lack of actual care; he, too, is with us now, I am thankful to say.

A third case was a most desperate one, three of the family, who were living in four communicating rooms, being afflicted with diphtheria, the oldest girl dangerously ill; owing to the condition of her heart it was impossible to remove her to the hospital. At the beginning of the disease these patients were cared for by a practical nurse, who contracted diphtheria and had to be sent to the Isolation Hospital; then came the question of who could look after these afflicted people in this terribly infected house at the minimum rate of \$12 per week. After many fruitless endeavors elsewhere, the call came to the Registry, and was immediately answered, the nurse who undertook the case having antitoxin administered at the urgent solicitation of the Registrar, but unfortunately the conditions were too severe, and she too contracted the disease and followed the practical nurse to the hospital. For the time she was on duty the

Registry compensated her, augmenting the original small sum, thus bringing it up to the correct sum, \$21 per week.

During the winter we have had quite a number of positions to fill, nurses having been sent through the Registry to Cleveland, Cincinnati, Peoria and Baltimore, and several other cities on the other side, besides positions in Canada.

We are thankful to be able to report that there have not been any fatalities, although several members have been most seriously ill. To our esteemed chairman we owe a great depth of gratitude for the suggestion that the Registry should start a nurses' reference library in the proposed new club house. For this purpose the sum of \$5 per month was cordially voted by the Registry Committee, the nucleus of the library being the "History of Nursing," by the Misses Nutting and Dock, and "The Ethics of Nursing," by Mrs. Hampton Robb. I need scarcely point out the importance of this gift. If each nurse would promise to contribute one book, then by the time the club house is opened we will be in possession of a valuable library that will be of the greatest benefit and pleasure to the members.

Before closing, I want to offer my most sincere thanks to the nurses for the good work accomplished by them during the past year; to my committee for their unfailing kindness and ready advice and help when needed, and, lastly, to our chairman, who has directed us so well by her interest and good judgment, and we cannot but feel that we are indeed fortunate in having the right woman in the right place.

There is a little announcement that I am anxious to make before closing, and it is this, that "The Brown Betty" now takes orders for invalid cooking, home-made cakes, travelling lunches, etc., all daintily put up by a trained dietitian, so if at any time you should require any of these delicacies please apply to 36 1-2 King St. East.

On behalf of my partners, I wish to cordially welcome you here to-night. We are delighted to have you, and trust that you will make yourselves at home and have such a really "good time" that you will return again, and often honor with your presence The Brown Betty.

E. B. BARWICK, *Registrar.*

TRUST in nothing but in Providence and your own efforts; never separate the two.—*Dickens.*

WE talk of success as an aid of life, but what better form can it take than that of easy sympathetic relations with everyone with whom we have to do.—*Lilian Whiting.*

Hospital and Training School Department.

Miss Ida F. Bulmer, late Superintendent of the Emily Balch Hospital at Plymouth, N. H., has been appointed Lady Superintendent of the Homeopathic Hospital, at Montreal.

DR. H. A. BOYCE, of Murray, Ont., has been appointed Superintendent of the Kingston General Hospital, to succeed Dr. A. D. McIntyre, who has resigned to go abroad for study.

THE graduating exercises of the class of 1908 in the Winnipeg General Hospital Training School for Nurses took place at the Nurses' Home on Saturday afternoon, May 16th, 1908, at 3.30 o'clock. It was a memorable and happy occasion.

The following is the prize list: Highest General Proficiency, Miss Margaret Coltart; prize presented by the Ogilvie Milling Co. Bandaging, Miss Helen Beresford; prize presented by Mr. E. L. Drewry. Charting, Miss Emma M. Turner; prize presented by Miss E. M. Bain in memory of Mr. Justice Bain. Obstetrics, Miss Margaret Coltart; prize presented by Dr. D. H. McCalman. Practical Work, Miss Ethel E. Reid; prize presented by Dr. W. S. England.

The names of the nurses graduating are as follows: Helen Beresford, Lola Bell, Mary I. Burns, Margaret A. Coltart, Winnifred Keir, Isabel A. E. Lloyd, Mary Layton, Edith F. Macey, Jeannie Barty Morison, Margaret Ada McKay, Caroline McLachlan, Florence Pearl Poldon, Ethel E. Reid, Marie Campbell Stephens, Nettie Thompson, Annabella Taylor, Edith Taylor, Emma M. Turner, Frances C. Walker, Norma Turina Walker.

We hope to receive a fuller account of the proceedings later on.

THE postponed April meeting of the Guelph General Hospital Alumnae Association was held at the home of Mrs. Evans on May 29th. There was a poor attendance, the majority of the nurses being out of town on professional duty. A report of the annual meeting of the O. G. N. A. was read by Miss Walker and various business matters were discussed. It was decided to hold a reception at Hospital during Guelph's "Old Home Week" for all the graduate nurses of the school who may be in town for the occasion. Several new members were received, after which the meeting adjourned and a social hour was spent.

THE annual meeting of the members of the Central Registry was held at the "Brown Betty" on Monday evening, June 1st. A goodly number of nurses responded to the invitation of the Registry Committee, who were delighted with the interest taken in their work of the year. The meeting was opened by prayer by the Rev. J. McP. Scott, after which the chairman in a very few words welcomed the members on behalf of the Committee and touched upon

some of the work done by the Registry during the year. The Registrar then read a most interesting report of the year's work, to which all present listened with marked attention. The nurses spent a most delightful hour in social intercourse and thoroughly enjoyed the opportunity of making new friends and of becoming better acquainted with the old. The Committee held a short business meeting at the close. The Registrar's report for May showed the members to number 271, with 2 applications. Calls—Registry, 134; personal, 24. Savings account, \$504.00; current account, \$100.95; in hand, \$26.91.

THE graduating exercises of the Lakeside Hospital, Cleveland, were held at 4.00 p.m. on Thursday, May 28th, and the occasion was a great success in every way. Thirty nurses graduated.

NONE of the accounts of the graduating exercises in hospitals this year have been more interesting than that received of the proceedings in connection with the General and Marine Hospital, Collingwood. Much attention was given to the occasion by the local press, the *Collingwood Enterprise-Messenger* devoting almost one page to an interesting and complete account, the able report of the Superintendent, Miss Morton, being given in full.

The graduation exercises took place on Friday, May 15th, and were followed by a delightful reception.

Mr. Telfer, President of the Board of Trustees, was in the chair, and among others who took part were the Rev. Mr. McFarlane, Dr. McKay, Mrs. Barrett, Col. Bruce, Dr. Arthur, Rev. Father O'Leary, Dr. Connolly, Dr. Aylesworth, Mr. George Moberly and Miss Allan, who delivered the valedictory. Dr. McKay's address, and, indeed, all the addresses delivered, were remarkable for their eloquence and wisdom. We regret that space will not allow of our giving them in full. The Superintendent, Miss Morton, in her report, alluded to the improvements in the hospital and the nurses' rooms during the year, and to the prizes, the sewing machine and other gifts, saying, "How kind everybody is to us." A touching allusion to Mrs. Lett and the announcement that next year a gold medal would be presented for General Proficiency by one of the medical staff concluded the report.

A magnificent bouquet of American Beauty roses was presented to Miss Morton on behalf of the medical staff by the little son of Dr. Connolly. Mrs. Barrett presented the graduating class with pretty silver medals, her own gift.

The graduating class are: Miss Minnie Bond, Craigville; Miss Carolyn Morrison, Stayner; Miss Florence Simons, West Flamboro; Miss Minnie McDonald, Gibraltar; Miss Maude Boyes, Smithdale; Miss Anna Allen, Stayner.

THE formal opening of the new Orillia General Hospital took place on the afternoon of Thursday, May 28th. In response to invitations from the Hospital Board, a number of ladies and gentlemen

were present from Toronto and other outside places, and there was a goodly representation of the townspeople, nearly all the local doctors and clergymen being present. The opening ceremonies took place on the grounds in front of the main door, the speakers occupying the lower verandah, and Mr. T. H. Shepherd, President of the Hospital Board, presiding. Speeches were made by the President, by Mayor Curran, Dr. Ross, of Barrie, and by Dr. A. E. Ardagh, of Orillia, Chairman of the Building Committee, who presented the key to Dr. Bruce Smith, Inspector of Hospitals for Ontario, who had come from Toronto to formally open the new building. After an interesting speech, in which he congratulated the town on possessing such an excellent hospital, Dr. Smith opened the door and declared the building open for the purpose for which it was erected. After the opening ceremonies the Ladies' Auxiliary held a public reception and served refreshments to all visitors, both afternoon and evening.

The hospital presents a fine appearance with its broad white piazzas running all around three sides of the building. It occupies a high situation and affords an excellent view of the town and lakes. Inside it is well furnished and well equipped for work, the operating room in particular, with its sanitary finish, fine light, and modern equipments, comparing favorably with those of much more pretentious institutions. It opens with two public wards, two semi-private wards, and two private rooms, accommodating in all about twenty patients. Miss N. Johnston of Bradford, a graduate of the Toronto Western Hospital, was appointed Superintendent and assumed her duties in May. On the day following the opening patients began to arrive, and there are at present six patients in the institution. Miss Johnston begins with a staff of three probationers.

A NUMBER of prominent Toronto ladies are working for the Fair of All Nations, which is to be given next autumn by the Nurses' Club of Toronto. The object in view is to raise money for the proposed Nurses' Club. Progress is being made in furthering the arrangements for the Fair, and several ladies have undertaken booths, in addition to those already provided for.

MISS GRACE HOUGHTON (M. G. H.) has just been appointed Lady Superintendent of the Children's Memorial Hospital, Guy Street, Montreal. Miss Houghton was for two years Superintendent of the Sherbrooke Hospital.

THE graduating exercises of Owen Sound General and Marine Hospital Training School will take place on June 24th. The following is a list of the graduates: Misses Lynn, Walker, McLean, Jackson, Garbatt, Jack, McLaughlin, Mathieson. We hope to publish a full account of the interesting proceedings in our next issue.

MISS MURDOCH, who accepted the position of Lady Superintendent of the Stratford Hospital, and who was to have taken charge August 1st, now telegraphs that she cannot accept. A

special meeting of the Board of Trustees has been called to take the matter under consideration. Miss Murdoch telegraphed from Ancon, Panama.

THE Royal Victoria Hospital, Barrie, graduated a class of five nurses, June 5th.

St. Luke's General Hospital, Ottawa, graduated a class of six nurses, June 4th.

MISS J. E. WELSH has been appointed Superintendent of the General Hospital, Wingham.

MISS MILDRED GRAY, who has been Superintendent of the Toronto Hospital for Incurables, severed her connection with the institution on the 1st June, and Miss Helen Forsythe, head nurse, has been promoted to fill the vacancy.

THERE are at present eighteen counties in the Province of Ontario in which there are no general hospitals, namely, Addington, Dufferin, Dundas, Durham, Glengarry, Grenville, Haliburton, Haldimand, Halton, Lennox, Norfolk, Northumberland, Ontario, Peel, Prescott, Russell, Prince Edward, Welland. The last-named county is now building one in the town of Welland.

MISS HENDERSON, Superintendent of the Training School (R. V. H.), leaves for an extended holiday about the 1st July. Everyone in connection with the school will feel her absence most keenly, but feel that after her many years of untiring devotion to the interests of the Hospital and Training School she needs and deserves an entire rest, and they will look forward to the pleasure of welcoming her back at no very distant date. As a token of their affection and esteem, the staff and nurses of the Training School presented her with a pearl and diamond ring, hoping the wearing of it may be as much pleasure to her as the giving of it has been to them.

Very much regret is felt at the resignation of Miss Gilmour from the position of First Assistant Superintendent of the Training School (R. V. H.), the duties of which she has so efficiently and enthusiastically performed for several years. The staff and nurses of the Training School presented her with an opal and diamond ring as a parting token of their esteem. The Alumnae Association especially feel her departure deeply, as it is due to her untiring efforts and zeal that it is in its present flourishing condition, with a large proportion of graduates as members and a sick benefit fund which, we trust, may be useful in times of need. As a slight token of their great regard the Association presented Miss Gilmour with a leather travelling bag, fitted with toilet articles in ebony. Miss Gilmour intends going to Labrador where she will take up work for the summer in one of Dr. Grenfel's hospitals, the one at Battle Harbor, where, we are sure, her work and her enthusiasm for everything in connection with the nursing profession will be of inestimable value.

able value. The good wishes of every member of the Alumnae and Training School go with her to her new field of work.

DURING the past winter the Canadian Nurses Association has had the privilege of listening to five most instructive lectures given by the following, namely: Dr. D. E. Evans, Obstetrics; Dr. Chipman, Gynecology; Dr. C. Martin, on the commoner ailments of the digestive tract (with lantern slides); and Dr. M. Abbott, Diseases of the Lungs. To all of these physicians the Association feel their indebtedness for their valuable aid and hearty co-operation, and also to the Medico-Chirurgical Society for the gratuitous use of their rooms for the past two years.

Our closing meeting was held on April 7th. There was a large, representative gathering from various hospitals. Instead of the usual lecture, the evening was devoted to reminiscences. Several of the graduates gave very interesting instructive talks. Miss Baikie gave a demonstration of a unique way of preparing a room for operation in case of emergency in a private house, accompanied by some very practical hints, which was very greatly enjoyed and will prove most useful to all.

Miss Colquhoun went back to her early days in the M. G. H. She was most humorous at times, and then brought us back to the sadder side of life over the story of a little waif who had the *good* fortune to enter the M. G. H., as it proved a great blessing to him.

Miss Phillips gave a demonstration on modified milk. She went to considerable trouble and gave to those present much real aid on the feeding of infants.

Miss Ward delivered an excellent paper on "Our Association," pointing out our various privileges as nurses, and inspiring all to lift the standard high, and to attain to the truest, noblest ideal of a nurse, namely, a Christian, a gentlewoman, and a ministering angel. The evening was a most enjoyable one, and after a social cup of coffee, was brought to a close, all expressing their desire to hold similar meetings in the autumn.

THE annual meeting of the Nurses' Alumnae Association of the Kingston General Hospital, for the year ending May 15th, was held at the Nurses' Home on May 14th. A large number of interested friends were present and were welcomed by the popular and courteous Superintendent of Nurses, Miss Scott. The election of officers resulted as follows: Hon. President, Miss Scott; President, Mrs. Tilly; 1st Vice-President, Miss Baker; Treasurer, Mrs. Nicol. A splendid financial report was read by Mrs. Nicol, showing that the receipts from the booth which the nurses took part in the Made-in-Canada exhibition last fall were \$291.51 in cash; credited goods, \$344.10; a total of \$325.61. A sewing machine has been purchased and presented to the Superintendent of Nurses for use in the Nurses' Residence. The total amount on hand in the Frontenac Loan and Investment Society is \$59.94.

Summer Diet

for both nurse and patient needs care in the selection. In hot weather appetite is capricious but the nurse's strength, as well as her patient's, needs to be supported—for very often the recovery of the patient depends upon her untiring watchfulness.

Nothing so quickly restores the overtaxed strength as a cup of BOVRIL, or a glass of hot milk to which a spoonful of BOVRIL has been added.

BOVRIL is the quintessence of beef and gives vigour and tone to the whole system.

A BOVRIL sandwich is easily made and is both dainty and feeding.



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Miss Wylie sang "Killarney," and Miss Webster gave "Some Day When Dreams Come True," both very sweetly.

Dr. A. D. McIntyre gave his most excellent paper on "Fumigation," which he read at the meeting of the Provincial Hospital Association, Toronto, in April. At the conclusion Miss Baker proposed a hearty vote of thanks to Dr. McIntyre, which was seconded by Mrs. Nicol. A very pleasing feature of the afternoon was the delightfully informal tea which was served by the nurses. Miss Scott presided at the dainty tea table and a social half-hour was greatly enjoyed by all present. The meeting was a great success.

THE graduation exercises of the nurses of Victoria Hospital, London, took place in the presence of an audience that completely filled the Grand Opera House. The graduating class this year comprises Misses Allison Dickison (gold medalist), Clare Engeland (silver medalist), Ethel R. Reavely (bronze medalist), Edith L. Wilson, Edith F. McBain, Esther Mills, Teresa E. Walker, Mayme Webster, Flossie Steele, May Coreoran and Della R. McLoud. On the platform with the nurses were Mayor Stevely, who presided; Chairman Screaton, Rev. W. L. Rutledge, Dr. J. B. Balfour, Dr. J. S. Niven, ex-Mayor Judd, Trustee Jackson, the Lady Superintendent, Miss Stanley, Superintendent Heard and Miss Dulmage.

Rev. W. L. Rutledge addressed the nurses, and congratulated them upon the profession they had chosen as their life work.

Mr. Samuel Screaton administered the Florence Nightingale pledge, after which each of the graduates received her diploma amid enthusiastic applause. Each young lady also received a magnificent bouquet.

Dr. Balfour addressed the nurses in a most interesting and practical manner, giving them much excellent advice and warning them against overwork.

Dr. Niven in presenting Miss Allison Dickison with the gold medal congratulated her upon the success she had achieved, stating that in order to win it, four years of the hardest work was necessary.

Miss Clare Engeland was presented with a silver medal and ex-Mayor Judd, in view of the fact that Miss Ethel Reavely was only a few marks behind Miss Engeland, donated a bronze medal to her as a special prize. Miss Reavely was also the winner of a special prize in surgery donated by Dr. W. A. Stevenson.

The graduation exercises were concluded by a short address by Mayor Stevely, in which he spoke in the highest terms of the hospital. Mayor Stevely presented each of the nurses with a handsome gold pencil, with their initials engraved thereon.

During the afternoon delightful solos were rendered by Mr. Cyril Dwight Edwards and Misses Lena Labatt and Edna Mortimore, pupils of Dwight-Edwards.

In the evening a most enjoyable "at home" was held in the

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BRANCH HOUSE

86 St. Peter St., Montreal, Canada

Nurses' Home. The rooms were beautifully decorated. The evening was passed in dancing, after which refreshments were served.

ST. JOSEPH'S HOSPITAL, Sudbury, has been greatly improved by the new addition, lately completed, at a cost of \$41,000. The number of beds for patients is now 125.

THE graduating exercises of the class of '08 of the Amasa Wood Hospital, St. Thomas, were held on Thursday evening, May 28th, at 8 o'clock. The Rev. Alfred Brown opened the proceedings with prayer, after which the President of the Board of Governors, Fred. Guest, and Mayor Geddes, Vice-President, gave addresses. The diplomas and medals were presented to the four graduating nurses, Miss Lottie Kelly, Watford; Miss Lillian Warren, Fingal; Miss Elizabeth Kennedy, Calder, and Miss Ethel Cook, Brownsville, after which Ald. Cormack addressed the graduates. Dr. Luton, Governor Meehan, Mr. T. Conley, Mr. Francis Hunt, and Principal Warner of Alma College also delivered short addresses, and solos were sung by Mrs. Kennedy, Miss Graham and Mr. Key.

THE exercises in connection with the graduation of the nurses of Rockwood Hospital, Kingston, Ont., were held May 30th in the Music Hall. Dr. Ryan, Medical Superintendent, in his opening remarks, said that Rockwood Hospital was the first institution for the care of the insane in Ontario to establish a training school for nurses; also that few hospitals had such exceptional advantages in the way of lectures, etc. In the absence of Dr. Barber he then called on Dr. Young, who congratulated the nurses on the excellent papers handed in at the recent examinations. He emphasized the fact that, although now they were graduate nurses, they should not cease to be students. After Dr. Young's address the prizes were presented. Miss Paynter, of Kingston, winning the gold medal presented by the Medical Superintendent, Dr. Ryan. The second prize, a silver-mounted thermometer, presented by Dr. Barber, was won by Miss O'Meara, Yarker, Ont.

The class pins were then given in the following order: Miss Paynter, Kingston, Ont.; Miss O'Meara, Yarker, Ont.; Miss O'Connor, Katrine, Ont.; Miss Granger, Kingston, Ont.; Miss Foster, Newburg, Ont.; Miss Laundrie, Ompah, Ont.; Miss La Fleur, Wolfe Island, Ont.; Miss Porter, Portsmouth, Ont.; Miss Glenn, Kingston; Miss Critchley, Harlowe, Ont.

In the junior class Miss Murray won first prize, an instrument case, presented by Dr. Young; Miss Burns second, "Practical Dietetics," presented by Dr. Barber.

The Hospital Orchestra rendered their usual good selections and dancing was enjoyed, after which refreshments were served and a pleasant evening closed by singing "God Save the King."

There are 29 nurses in training at present in Rockwood Hospital, Kingston.

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THE NURSE'S FAVORITE DIET for her patients during convalescence, when the invalid must be tempted to eat wholesome and easily digested food, is

SHREDDED WHEAT

Nature's perfect health food, it nourishes better than any other cereal. It is simply the whole wheat berry shredded, and made palatable—with health and strength in every shred.

It aids digestion and keeps the bowels in proper working order. Your patients will relish Shredded Wheat Biscuit and Triscuit.



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THE annual graduating exercises at Hamilton City Hospital took place on June 18th, before a distinguished audience of citizens of Hamilton physicians and friends of the Hospital, and the nurses. We regret that, owing to the fact that we are compelled to go to press at once, we must defer a full report of the proceedings, which were unusually interesting, until our next issue.

Medals and diplomas were presented, and it was announced that one of the graduating class, Miss Mina Rodgers, of Hamilton, has been appointed Superintendent of the Training School of Nurses, Niagara Falls Hospital, and will enter on her duties July 1st.

On Wednesday, June 17th, one of the most successful of the many graduation ceremonies held at Toronto General Hospital took place. The attendance of distinguished citizens was large, the exercises were interesting, and the garden party was a charming occasion, and really a beautiful sight, favored by ideal weather. The guests were received by the Superintendent, Miss Snively, the President of the Board, Mr. J. W. Flavelle, Mr. Cockshutt, and Mr. Larkin, of the Board of Trustees, and Dr. J. N. E. Brown, Medical Superintendent, and Mrs. Brown.

We hope to publish a full account in our next issue.

ON June 4th the Graduating Exercises of St. Luke's General Hospital took place. They were held in one of the large wards, which was prettily decorated with flags and flowers for the occasion. Sir Louis Davies occupied the chair. Dr. R. W. Powell, chairman of the Medical Board, presented the report of the Training School, and expressed the satisfaction of the Medical Board with the high standing taken by the graduating class. Miss McCurdy, having obtained 90 per cent., was entitled to the prize, which is presented each year by the Medical Board to the nurse who receives the highest number of marks in the examinations during the three years. The graduating nurses took the "Florence Nightingale Pledge," which was read aloud by Dr. R. W. Powell, the nurses repeating it after him in clear, firm tones. Mrs. W. G. Perley, President of the Ladies' Auxiliary, then presented the diplomas and medals. Dr. R. W. Powell made the announcement that next year, and each succeeding year, the Lady Superintendent, Miss A. Chesley, will offer for competition a gold medal; it will be considered the highest honor in the school, and will be awarded to the nurse who obtains the highest standing in class work, in ethics, in general proficiency, and in practical work.

Dr. A. T. Shillington delivered the Valedictory, and his words of good advice and kindly warning will be long remembered by the nurses. Interesting addresses were also given by Sir James Grant and Dr. Montizambert, after which refreshments were served.

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The early summer has always been a very festive season for the Collingwood General and Marine Hospital Alumnae Association, and this year has been no exception to the rule. On Friday, May 29th, Miss Knox, the first graduate of the Training School, entertained most delightfully in the grounds of Mrs. Shannon. The orchard was in all its glory of spring bloom, and on the banks of the river which flows through it most wonderful quantities of wild flowers were growing. The tea table was spread under the trees, and while partaking of the delicious strawberries and cream it did not require a great stretch of the imagination to take some of us back to many like days across the sea. All the honorary members of the Association, together with a good many graduates of the School, and several nurses from other hospitals were present. On Thursday June 11th, the Association held its annual picnic in Victoria Park, within sight and sound of the waves of the Georgian Bay. All the doctors of the town, with their wives, were present. Many of the Alumnae Association were able to get "off duty" for a few hours, but it was a regret to all present that the President and First Vice-President were unable to be there, owing to professional duties. The doctors and nurses proved that they could enjoy an outing of that sort quite as well as in their boyhood and girlhood days, before life had become the serious thing it now is.

Yearly report of the Victorian Order of Nurses, Montreal:

Number of new cases.....	3,142
Cases of more than one visit.....	3,142
Average daily hours on duty.....	8
Average Sunday hours on duty.....	7
Total number visits.....	27,234
Total number night calls	1,027
Number of new doctors	20
Total number operations	202
Medical cases	567
Surgical cases	301
Gynecological cases	1,441
Chronic cases.....	152
Number paying patients	1,948
Number non-paying patients.....	1,194
Amount received in fees	\$5,468.39

REMARKS.

Casual visits	485
Continuous night work	10
Last offices	25
Diet tickets given	60
Clothing (pieces)	1,000
Christmas dinners	52

Since January, 1908, the following nurses have been admitted to the Victorian Order: Miss Hormgold, Victoria Hospital, Lon-



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don, Ont.; Miss Sawyers, General Hospital, St. John's, Nfld.; Miss Hardinge, Montreal General Hospital; Miss Gilby, Sick Children's Hospital, Toronto; Miss Crocker, Victoria General Hospital, Halifax; Miss Andrews, Medicine Hat General Hospital; Mrs. Towle, McKellar General Hospital, Fort William; Mrs. Tyler, Liverpool Royal Infirmary.

Miss M. L. Mellefonte has been appointed assistant to the District Superintendent in the Ottawa Home, and enters on her duties July 1st.

Personal.

Miss KIDD has been appointed Matron of the General Hospital, Fernie, B.C.

Miss ASTON ('07) has accepted a position in the Hospital at Nelson, B.C.

Miss MINNIE CHRISTIE (T. G. H.) will spend the summer in Westmount, Que.

Miss L. KIDD ('07) has been seriously ill and has gone to Nelson, B.C., for the benefit of her health.

Miss MURIEL GALT, of Montreal, has been spending some time with her friends in and around New York City.

Miss ANNIE BROWN (D. G. H., '07), has resigned her position at Muskegon Hospital, and will return to Manitoba.

Miss DOROTHEA MACDONALD, of St. Mary's Hospital, and Miss C. C. MacDonald, have gone to San Francisco to attend the convention.

Miss MARGARET MCCREIGHT completed her course of training in the Dauphin General Hospital, and received her medal and diploma on May 20th.

Miss JESSIE CARDIFF, New York Hospital, has returned from England, where she has been for the past year, and is visiting at her home in Toronto.

Miss ADAH H. PATTERSON, Superintendent St. Luke's Hospital, St. Paul, sailed April 18 for Europe. Miss Patterson expects to be gone three months.

Miss HELEN CAMERON-SMITH, who April 1st resigned her position with Nurses' 57th Street Registry Co., will resume private nursing in New York City.

Miss CECELIA MACDONALD, H. S. C., is just recovering from a serious operation for appendicitis. Her many friends will be glad to hear of her recovery.



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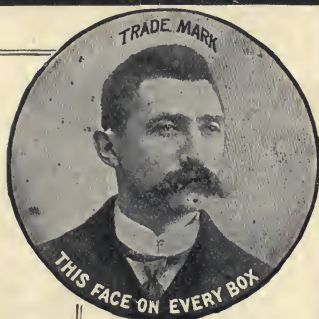
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MISS M. E. NICHOLSON (W. G. H., '07), has returned to Winnipeg after having charge at Dauphin Hospital for four months during Miss Brereton's absence.

MISS BRERETON, Lady Superintendent Dauphin Hospital, has recently returned from a trip to the Pacific coast, where she spent the winter, enjoying a much-needed rest.

MISS A. ANDREWS, for over four years the Matron of the General Hospital at Fernie, B.C., has joined the V. O., and will have charge of the work at Fernie, as her health did not allow her to carry on longer the arduous work of Matron.

THE engagement is announced of Miss L. Maud Davis (T.G.H.) to Mr. Herbert P. Johnson of St. Louis. The marriage is announced to take place on June 20th. Mr. and Mrs. Johnson will reside at 242 Tremont Street, Melrose Highlands, Mass.

It seems that an impostor, representing herself as a nurse (!) and a graduate of Toronto General Hospital (!) has appeared in the west end of Toronto, canvassing for the "Fair of All Nations," to be held in November in Massey Hall. She received some money. Beware of her!

MISS F. MADELEINE SHAW, Instructress of Nurses, Montreal General Hospital, and Miss Young, Assistant Superintendent of Nurses, sailed from Montreal early in June by the S.S. "*Ottawa*," for England. While in London they will reside at Worsley House Club, Clifton Gardens, Maida Vale.

MISS BATEMAN, one of the nurses at St. Michael's Hospital, saved the life of a delirious patient, who was about to throw himself from the balcony. Miss Bateman, with great courage and resolution, kept the patient from endangering his life until help arrived.

CLARISSA H. GORDON, R.N., graduate of the New York City Training School for Nurses, class '92, has permanently assumed the management of the Nurses' 57th Street Registry Co. Miss Gordon believes much can be done for the improvement of nurses' homes or registries. Knowing of her wide experience of these institutions, both here and abroad, it is with interest we watch the development of her work.

A VERY enjoyable tea was given by Miss Snively, Lady Superintendent Toronto General Hospital, on June 4th, in honor of Miss Scott, Second Assistant Superintendent, who has been most successful and popular in that position. Among those present were the President of the Board of Trustees, Mr. J. W. Flavelle, the Medical Superintendent, Dr. J. N. E. Brown, Dr. Helen MacMurchy, Miss Cruickshank, Miss Reid, Miss Stewart, Miss Thorpe, and a large number of the nursing staff. Miss Scott left for Calgary, where she has accepted the position of Lady Superintendent of the General Hospital, a day or two later.

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THE following Canadians recently graduated from the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Philadelphia, Pa.: Margaret A. MacBride, Montreal, Can., Grad. Mary Fletcher Hospital, Burlington, Vt., member Canadian Nurses' Association; Jennie M. Malcolm, Bright, Ont., Can., Grad. and Asst. Supt. Paterson General Hospital, Paterson, N.J.; Kathleen E. Steacy, Montreal, Canada. Five Canadians have so far enrolled for the summer term at the same institution.

"THE WESTERNER" writes: "I love to keep track of my sister nurses. Was most pleased to see Miss E. MacKnight has settled in Grand Forks, B.C. She is a most capable and worthy woman. Mrs. Geo. Clode, nurse in Fernie General Hospital, has just returned from Vancouver after spending a month on the Pacific slope, much refreshed by the change. Miss Laidlaw, one of the assistant nurses in the General Hospital, Fernie, left Tuesday morning for Vancouver to visit friends there."

THE Ladies' Hospital Aid Society, of Dauphin, Man., held a most successful summer carnival in the Town Hall, Dauphin, on June 2nd. Several neighboring towns furnished booths, while others contributed money which was spent in flowers for decorating and for sale. The Japanese tea gardens were ideal and attracted large numbers, while the Egyptian fortune-telling tent proved to be a strong magnet. The ladies realized \$425.00, and deserve a great deal of credit. Without their generous contributions and hearty support the Hospital would want for not only many luxuries, but even necessities.

MISS LUMSDEN, late Assistant Lady Superintendent of the W. G. H., has accepted the position of Lady Superintendent of the Hospital at Nelson, B.C., and assumed charge on April 15th. Before leaving she was presented by the nurses and the members of the house staff with a beautiful sterling silver toilet set. Miss Lumsden will be greatly missed. Her thorough knowledge of her profession, her ready sympathy combined with tact and good judgment, won for her the esteem of all who were associated with her, and she carries with her the best wishes of the Alumnae Association, of which she has been president for the past two years.

BORN.

REID.—On April 29th, at Valley Jo, California, a son to Mr. and Mrs. J. G. Reid (nee Miss Turner, a graduate of the Guelph General Hospital).

WALKER.—At Newcastle, N.B., on May 19th, to Dr. and Mrs. Horatio Walker, of Los Angeles, Cal., a daughter.

MARRIED.

ADAMS—O'NEILL.—Miss Martha A. O'Neill (recently Superintendent Nurses of the King's County Hospital, Brooklyn, to Mr. Augustus Joseph Adams, of Bridgewater, N.Y.

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KYLES—MCARTON.—In 'St. James' Church, Carleton Place, Thursday evening, April 23rd, 1908, at 8 o'clock, Eleanor McArton (graduate T. G. H., Toronto), to Dr. Robert Neil Kyles, of Orangeville.

FENWICK—MCKERROW.—On Thursday, April 23rd, 1908, Agnes McKerrow (graduate of H. G. C., Toronto), to Dr. James Fenwick, of Innisfree, Alberta, Canada.

MEEK—BARRATT.—Miss Annie Barratt, Superintendent of the Isolation Hospital, Vancouver, B.C., to Mr. R. H. Meek, of the City Health Department, Vancouver. (Miss Barratt is a graduate of the Infirmary, Birmingham, England, and afterwards was Night Superintendent at Plaistow Hospital.

THORNTON—CALDWELL.—At Tucson, Arizona, Monday, May 4th, Kate A. Caldwell, graduate of the Lady Stanley Institute, Ottawa, class 1904), to William Victor Thornton.

CRAWFORD—LEMAN.—At the Church of the Messiah, Toronto, on April 30, at 3.30 p.m., Miss Claribel Leman (graduate H. S. C.) to Mr. Arthur Crawford, of Ingersoll.

HOHLSTEIN—ALLARD.—At Toronto, on June 2nd, 1908, Miss Emma Allard (Class '06, St. M. Hosp.), to Mr. William J. Hohlstein. Mr. and Mrs. Hohlstein will reside in Toronto.

JACKSON—GRAY.—On June 10th the marriage of Miss Mildred Gray and Dr. Alexander A. Jackson, Bolton, Ont., was solemnized by the Rev. Dr. Wilson, Trinity Methodist Church. The bride was given away by her father, and wore a pretty dress of pearl grey. A gold necklet, with pearl pendant, the gift of the groom, was also worn, and a cluster of white roses carried. There were no attendants, and after the ceremony Dr. and Mrs. Jackson left for the East. The bride, who was formerly Superintendent of the Hospital for Incurables, and a graduate of Toronto General Hospital, received many beautiful and valuable presents, His Honor the Lieutenant-Governor and Lady Clark giving a pair of silver candlesticks; a tea service of silver from the Board of Management, a bronze lamp and pedestal from the patients, an oak table and chocolate set from the staff, and a handsome framed picture from the nurses, to all of whom Miss Gray greatly endeared herself by her unceasing kindly care. Dr. and Mrs. Jackson will reside in Bolton.

DIED.

WALKER.—At Newcastle, N.B., May 19th, infant daughter of Dr. and Mrs. Horatio Walker, of Los Angeles, Cal.

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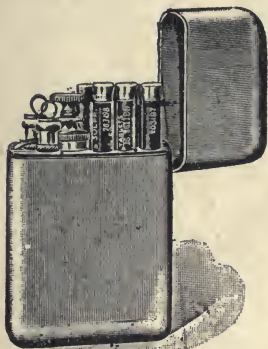
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The Nurse's Library.

The Eighteenth Annual Edition of Dauchy and Company's newspaper catalogue is at hand, comprised in about 800 pages and containing a great deal of information about the American and Canadian Press.

The latest issue of *The Nursing Times*, London, England, is even more than usually remarkable for the number of interesting things of the wide world with which it deals. Half a column on "View Day at St. Bart's," an allusion to Florence Nightingale's Crimean carriage, a description of the pictures with a professional tinge of interest at the Royal Academy are instances of this.

Practice of Medicine for Nurses. By G. H. HOXIE, M. D., Professor of Internal Medicine, University of Kansas. Philadelphia and London: W. B. Saunders Company. Toronto: J. A. Carveth & Co., Ltd. \$1.50.

This excellent hand-book, which is intended for the use of Nurses, students of domestic science, and for those who undertake the home care of the sick, is a complete modern text book, well adapted for its purpose. It is not large enough for a book of reference, but fills its own place well.

The Irish Poems of Alfred Percival Graves. Dublin: Maunsell & Co., Ltd. 3s.

This is a delightful book, and is a beautiful specimen of the printer's art. Mr. Graves is widely known as the author of the inimitable "Father O'Flynn." To any Irish patriot, or anyone with a Celtic heart, such lines as these are irresistible:

"Since we're apart, since we're apart
The weariness and lonely smart,
Are going greatly round my heart;
Upon my pillow, ere I sleep,
The full of my two shoes I weep
And like a ghost all day I creep."

ALL readers of this Magazine, who have not received a copy of "Women in Banking," written by Mrs. E. B. B. Reesor, and published in the *New York Bankers' Magazine*, will be given one upon application to the Crown Bank of Canada, 34 King Street West, Toronto. The article is illustrated with pictures of the special rooms set apart for women, and, as the privileges of using them and making this down-town Rest Room a meeting place for out-of-town friends or for consultations with their physicians has always been extended to members of the Nursing profession, it will be of interest to you to see what these apartments are like.

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LILLIE H. MARSHALL } Pennsylvania Orthopaedic
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A NEW FEATURE AT THE SUMMER COURSE OF THE PENNSYLVANIA ORTHOPAEDIC INSTITUTE.—As it always has been the aim of the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Incorporated, 1711 Green Street, Philadelphia, to give the students who take courses of instruction in the Swedish system of massage, medical and orthopaedic gymnastics, electro and hydrotherapy, the best that any school has to offer, a thorough course in Pathology in such diseases as can be treated mechanically, will be added this Summer to the regular curriculum. The practical work consists of daily lessons in the various branches of Mechano-Therapy and frequent theoretical lectures will be given pertaining thereto, including anatomy and physiology. The students are also sent to various city hospitals to attend the clinics in the nervous and orthopaedic dispensaries. In the year 1907 7,844 mechanical treatments were given at this institution, which shows the exceptional opportunity for gaining practical experience. The Summer courses open on July 8th and students who wish to avail themselves of the present rates are advised to apply early for admission, as the tuition fee for all courses will be increased with the beginning of the Fall term on Oct. 8th. Further particulars may be obtained from the advertisement in this issue or by asking for the illustrated prospectus. All communications are to be addressed to Max. J. Walter, Supt.

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The Canadian Nurse

A MONTHLY JOURNAL FOR THE NURSING PROFESSION IN CANADA

VOL. IV.

TORONTO, AUGUST, 1908.

No. 8

A CANADIAN NURSE IN ROME.

At St. Paul's House, in Rome, the nursing was of the ordinary kind, and leaves only a few facts fixed on one's mind, with pleasant remembrances of kind people. But the Eternal City, once you have lived there, retains its hold upon the affections and imagination as no other place does: it takes possession of you, and you cannot choose but have it so.

I was one of the early nurses sent from New York, for eighteen months, going in January and leaving in June of the next year. The summer was spent in Switzerland. When our number was complete at that time there were six American nurses and about ten English, who only remained through the winter. St. Paul's House is in the north-eastern quarter of Rome, situated almost between the Piazza del Indipendenza and the Military Camp, a very modern part. It was a beautiful villa, with a garden on two sides, where roses grew, where it seemed to me that the cold would pierce one's marrow. That is the first surprise one gets, the outer world looks so bright and summer-like and the houses are so cold; but soon you do not mind it, and walking always makes you warm.

The patients are all English or Americans, travellers generally, staying sometimes in the hotels and pensions and sometimes living in apartments in some one of the large palaces. The doctors were generally English or American, though when called to the smaller towns we usually found an Italian in charge. I found them always pleasant to work for.

The most of the nursing was typhoid fever, very much like other typhoid, unless that it was apt to linger, and the gastric symptoms were intensified. We also had obstetrical cases, and, of course some surgery. Once I was sent into one of the Protestant homes to care for a little Italian child who was dying—my one death while there.

My first case was a typhoid in Syracuse, Sicily. Then I first saw the beauty of the stars in southern skies, and learned to listen through the night watches for the soft, clear sound of the monastery bells calling the monks to prayer. My patient was in a pension, Our hostess was a German lady, who spoke English perfectly, so

my main trouble disappeared, as I spoke nothing but English. She was kindness itself to me, and taught me to cook macaroni in the real Italian style. My patient made an uneventful recovery, and a few weeks found me back in Rome again, back to the companionship of the nurses, the cheerful home dining-room, the daily walks through the Piazza past the ruins of the Baths of Diocletian, on to St. Paul's Church, where it seemed to me that the joy of looking at Burne-Jones' design on the apse was enough of itself. Back to the wonderful life of the Roman streets, and perhaps best of all, back to the kindly interest and advice of our superintendent, who, I am sure, dear lady, must have often grown tired of directing the numerous journeys to divers far away towns, yet her interest in our pleasures never seemed to flag. And how apt were her counsels as to our refraining from purchasing while yet we were new in the country. But never did shops look so tempting, and money surely was never so much longed for that the hundred and one precious trifles might be made our own.

Work had now begun in earnest. Soon I was at another case, also typhoid fever, this time to assist another nurse. Now it was Rome in Lent, with Easter in the near future. My next Easter was spent in Florence, that city of flowers, lovelier than ever at that time. Rome filled with pilgrims and visitors all trying to sound the depth and measure the wealth of its riches. We only heard the echoes of it in our patient's apartment at Hotel Bristol, for she was very ill. Then came the period of convalescence, the journey by easy stages, first to Civita Vecchia, then Genoa, Turin and Paris, at which latter place I left her much engaged in purchases.

My next venture was to Naples. Naples in summer, gay and to all appearances supremely free from care. My patient was an English lady who had lived in Italy for years, and the home comforts in her palace apartment were most enjoyable. Italian servants are so thoroughly good, so attentive to their work and so polite that one of the great trials of nursing is nearly always absent there. This was a long case, the heat seemed to sap the patient's strength, and we made two moves out of the city before I could be spared to follow Miss Martin who had gone to the Engadine. Then in the midst of summer I bade good-bye to Naples with its wonderful bay and Capri rising dim and mysterious out of the mist, and after spending a blistering day at Pompeii, in the full blaze of the summer sun without one atom of shade, it seemed to me, turned northward, stopping at Rome, Milan and Chiavenna on my way, to prepare me for the change. It truly was a change which I cannot describe, for here at St. Moritz was beauty quite as great yet wholly unlike what I had left.

Here more delightful shops tormented me because of my inability to buy, but one could always walk and the new was ever a delight. Another case of fever claimed me, and as the season was

then late I was left to follow after with my patient, which was not until I had seen the mountains and the valley covered with snow. Then came the journey south, stopping at Lake Como, where I left my patient, and once more found myself at home in Rome. Then followed a season of rest when we wandered about at leisure trying to see all the churches, from the Basilian of St. Peter to Santa Maria del Sole, so small and dainty one wanted to pick it up and carry it away. Then there were little excursions outside Rome, the museums and numberless objects of interest. And I think the fact that we had been hard at work for so long and knew that more work was before us heightened the enjoyment of those "days off." I have heard nurses say they would not travel unless their time was their own, but I hold this is a great mistake, for then you see too much at once and it palls upon you. Our cases were generally hard ones, but beyond that we had no anxiety, no perplexing arrangements, neither were we driven in flocks from church to gallery and then to catch the train in a mad rush.

The writer's work is soon summed up. Two or three short cases and a long one in the north that made me acquainted with Pisa, Florence and Mentone.

Then more work in Rome and then those last delicious days, when with the feeling that I was free, I wandered about with my good-byes to the places I had learned to love so well, my only sorrow being that I might not see them again.

That such a dire calamity might not happen Miss Martin and I went our way last night to the Fountain di Trevi, and as the clock struck twelve dropped in a penny and drank some of the water, which they say assures your certain return to Rome.

But I want to know when that soldi is going to make good its promise, when I shall again walk through the streets with the beautiful names, and wander into St. Peter's as into one's own abiding place, and hear once more the nuns sing the Ave Maria at La Trinita de Monti.

NURSE CATHARINE.

PRIVATE NURSING SERIES VI.—THE DOCTOR.

It is almost impossible to say anything new or original on this favorite subject. From our early training-school days absolute loyalty and unquestioning obedience were so constantly instilled into our minds, that both became second nature, and the continual association with those teachers, who were daily shaping our lives, and enlarging our vision, and whose affection and good opinion we were so keenly ambitious to secure, transformed this discipline into loving service. So on graduating, we were hardly conscious that these two factors had become a part of ourselves, and what

in the beginning seemed harsh and unnecessary, was now but right and proper.

From this atmosphere, the young graduate goes out into a world hitherto unknown. Unlooked-for criticisms of every description, kind and unkind, assail her, both on the part of patient, relations, friends, and possibly even the doctor, for whom she is giving the best of herself, and to her, for the first time, comes a doubt. Why should she give faithful, conscientious service if not appreciated? But in the majority of cases the old influence is still there, and wins out, and the outside knows nothing of the struggle. It only shows in the tired lines of that face, which, under every circumstance, is expected to look cheerful.

To the nurse who does her best, and yet is found wanting, by either the family or physician, there is but one sensible course to pursue, which neither casts reflection on her character nor her training-school, namely, to give up the case; for in most instances it is the question of personality, and not the lack of nursing capability, and the woman who realizes the situation, acknowledges it, and yet will not permit it to disturb her serenity, exhibits a strength of character that is indeed admirable. If there ever comes a time when a nurse feels she cannot continue to work under the doctor loyally and well, then she should resign, saying nothing, for at all hazards the patient's peace of mind must be maintained, and to the anxious, watching family it would be little short of cruelty to add one burden more. In following this course she is carrying out the old saying, "The quietest way is the best." The woman who is loyal and true to herself and her work, will be, that most blessed thing in the profession, "A truly good nurse."

Fortunately these discords in the prevailing harmony between the doctor and nurse are rather uncommon, usually the feeling being of the warmest, and the sympathy and good fellowship of the strongest, and it is indeed a happy feeling to the wornout nurse to know that with the doctor's arrival her troubles will be over, at least for a time, and the point which she has been so battling for loyally upheld by him, and her rough path made smooth by the tactful words and happy manner of the attending physician.

To the nurse who has absolute faith, there comes a feeling that she cannot do too much for that man who has placed such a trust in her hands, and who is so loyally testifying his confidence in her, and it is just this confidence that upholds her through many dark hours, and acts as an impelling force, making her go onwards, and as she realizes her position and seizes the opportunities that present themselves, so will her character go on broadening and her view of life grow clearer, and she will become an all-round better woman and nurse for that discipline that she has had to endure through her profession.

E. B. B.

OUR ASSOCIATION.*

* *Madam President and Ladies*,—It gives me a great deal of pleasure to see so many members here to-night, and to feel that you all take an interest in our association, and one another's reminiscences. "The Canadian Nurses' Association" is one we have every cause to feel proud of, and do our very best, both individually and collectively, to uphold its honor and high standing.

Does not our constitution tell us that its chief aims are "Mutual instruction and improvement; the establishment of a sick benefit fund, to make some provision for nurses in case of sickness or death," etc.

Let us remember that The Canadian Nurses' Association belongs to *each one of us*, not to our President *alone*, and it is our duty, as it ought to be our pleasure, to help and strengthen her hands in every way we can.

For instance, when a subject is put before us, it cannot be very pleasant for her, for us to sit still and look at one another. If the subject is for discussion, why not discuss it? Our opinion is asked for, why not give it? What matter if we are not quite sure of the subject. Now is the time to learn. It will help to clear the cobwebs from our brains, and perhaps help others to do likewise.

One thing is certain, it will help make our President's task a trifle easier, and she will feel encouraged when she sees we take a real live interest in our association, and do not sit like mummies or deaf mutes, and leave all the hard work in the hands of a few; while we enjoy the blessings.

Then again, don't you think if we would all try to remember to wear our school medal and association pin, it would help to make us known to one another. Masons do not wait to be introduced and why should nurses? We lose a good deal of pleasure by being *too* proud. Perfect courtesy is necessary, but I hardly think so much formality. Do you?

Then, friends, let us be loyal to one another. If we can't say anything in favor of a sister, who is severely criticized, let us say nothing, at least, until we hear both sides of the case. I don't know how it is with you, but it always gives me a half-sick, faintish feeling, almost as if I had been struck, to hear a nurse unkindly spoken of, even when I do not know her, or perhaps I have never even heard of her before.

An able writer has said, "The chief aim of every woman should be, to be first a Christian, and then a gentlewoman, and that a true gentlewoman is *one* who never does or says anything to make anyone else feel uncomfortable."

Oh, if only we nurses could always follow that advice, how

* Read before the Canadian Nurses' Association, Montreal.

much easier it would be for us to walk worthily of our famous ancestor, Florence Nightingale, who has won for us the glorious title of "Ministering Angels," a name given to us, and to *us alone*, the world over.

No wonder the world expects perfection from us, and criticises us more severely than ordinary mortals. For are not we *trained nurses*? (trained in loving service), Christians, gentlewomen and ministering angels? It is a high ideal, but not *too* high for a Florence Nightingale, and what Florence Nightingale did for the poor soldiers in the Crimean War, *we*, the members of *this*, The Canadian Nurses' Association, have the privilege of doing for the sick and suffering to-day.

Not long ago, I heard a clergyman say, "He often wished he could be a 'trained nurse,' if it was only for *ten* minutes; to be able to get at the bottom of things and see them as they really are, so as to be able to speak the word in season, and give sound advice." I wonder if we forgot that it is that very privilege of ours, that seeing the skeleton in the cupboard that often wrings our hearts but *seals* our lips, and the only help we can offer is our silent sympathy.

Now, friends, I beseech you, do not do as I do, but as I say. Aim high, but be thorough. If you do, you won't fall very far short of a Florence Nightingale. You will be a credit to your school; an honor to the Canadian Nurses' Association, and one of Christ's ministering angels.

GRATIA B. WARD.

Montreal General Hospital, Class '93.

DIET.*

When invited by your President to talk with you this afternoon upon the ever-present subject of diet, I believe I made protest—for at this season of the year my thoughts and aspirations are away from the every-day subject of food, and lead me to a longing for the simpler out-door life that allures and charms. And if this life near to nature could be lived by us all instead of now and then, as fad or fashion takes us, the nurses would have easier times and humanity have fewer ills. But the complex mixture of bad air and late hours and imperfectly prepared food has brought many of us to the repentant stage of our career—the looking back upon past follies. If we study this subject it will be seen that in public institutions when the food is simple and prepared on hygienic principles, and containing a balanced ration, the children so fed grow up healthy, provided fresh air and sunshine accompany the diet.

* Read before the Montreal General Hospital Alumne Association.

Our dining tables represent much unnecessary labor, and in the olden time, to which we are apt to feel superior, with our up-to-date methods, fewer dishes were prepared—but by all accounts they were better cooked.

I wonder if any here have followed the work in this line done by the University of Indiana in the matter of diet.

At Yale the students' board costs four dollars and ninety-five cents per week; in Indiana it averages one dollar and eighty-eight cents for the same period.

Those who have tried both assert that the Yale student may have more variety at a single meal, but unless he exceeds the average expenditure of 70 cents per day he is not so well fed as at the Indiana University, at 18 cents per day. Though there is less variety of food one of their four-cent-breakfasts consists of delicious apple sauce, bread and butter, rolled oats, baked potatoes, coffee, with milk and sugar, and a big red apple of the highest market-grade. The fruit is served both cooked and raw, and when eggs are cheap they are substituted for baked potatoes, and other fruit in its season takes the place of apples. There is no doubt such a catering requires thought and experience—we must plan and work "with brains" as well in this important department of medical handicraft as any other. Our present-day haste does not give us time to cook our cereals or our vegetables, and the result is indigestion, due to uncooked and unchewed starch. Nor should food be overcooked, for by that means the fibrous and other elements become unfit for digestion. If the medicinal use of the food we consume was better understood much suffering would be spared to the world.

Some writers who are hopeful of the future tell us the day is coming when disease will be cured by a wise adjustment of the food consumed. No doubt some of you have read of the interesting experiments that have been carried on with special diets for epileptic patients, as an instance it was found that fish given at any meal brought on symptoms more or less severe according to the variety of fish given.

The words, "The Science of the Kitchen," are no idle term, for educated housewives are beginning every day to realize that such work is indeed a science, and involves a knowledge of chemical constituents and their adaptability for our table. It is no use to talk of food values unless there is practical ability to make these materials give their flavor and nutrition.

To give force to a theory one must have the skill to carry it out, for the head and hand must work together.

It is hard to make the untaught workman believe that a pound of lean beef and a quart of whole milk contain about the same amount of nutriment.

But the pound of beef costs more than the milk, and it is

essential for health that we learn the kind and proportion required.

This is the special art of the nurse to be able to supply what is lacking, or what is needful, to build up the patient.

Man is only kept in health by a mixed diet, and no substance, however rich, be it animal or vegetable, will support life for any length of time if subject to its exclusive use.

It may not always be remembered that *eight ounces* of a mixed animal and vegetable aliment, well prepared and properly put into the stomach, will yield a large amount of chyle and afford more benefit to the body than *two pounds* improperly taken, hence the great importance of proper cooking, especially for the invalid. In the matter of diet for the convalescent, fowl stands first as an article of food, and it is allowed that white-fleshed birds are less stimulating than most other meats, and eggs have been a great dependence, especially when used raw, but in this way are often objected to by a weak stomach. The wise nurse knows that much depends upon appearance, and will introduce the albumen and fibrine as much as possible into the diet. Starch in any form is difficult to digest and care must be taken that all food containing this be thoroughly cooked; flour, rice, corn, oatmeal, coming under this head, make it an important item in hygienic cooking.

Potatoes contain 75 per cent. water, which is absorbed in baking, as each tiny starch grain swells and breaks. Baking is an ideal way of cooking this vegetable, for as from 53 to 56 per cent. of the saline constituents is potash, and potash is an important element of the blood, it can be understood at a glance that much of its value is lost when potatoes are boiled without skins, for the retaining of the skin when cooking prevents, in a measure, the passing of the salts into the water.

A potato so boiled will crack, showing the starch, and if too long in the water the starch becomes soft and gummy, better fitted for laundry purposes than for the human stomach. In the study of Domestic Science we are apt to neglect or undervalue one of the great gifts to man, *the herbs of the field*.

In the old days barks and herbs were considered of value to keep people in health and to heal those who were ill. The sanguinaria was known to be useful for croup in our great-grandmother's days, and the Indian turnip broke up many a cold.

John Burroughs has said that the most human plants are the weeds. How they cling to man, following him around the world and springing up wherever he sets his foot. How they crowd around his dwelling, and throng his garden, but are so familiar that we fail to learn their value, fail to be aware of their virtues or their vices.

Motherwort catnip, plantain tansy—what a homely human look they have—and how many a pain they have allayed in those

days when we could not go to the corner druggist for the concentrated essence of these self-same plants.

Did you ever look for sweet-flag as a pleasant remedy for your mild dyspepsia and to clear the voice? or test the virtue of lavender or valerian for those fashionable and peace-destroying strings called—nerves? Did any one ever give you red pepper tea for a cold, nearly strangling you in the effort to drink it without winking?

Perhaps you can remember your kindly grandmother rubbing your bruised leg with rattle weed, which is better than the arnica you buy now for hurts of every sort. She dug the roots in June when the tall, white blossom spikes were open, and after scrubbing them clean, sliced and covered with alcohol to be kept for the healing of your bruises.

There is chamomile and balm, too, full of virtues; and yarrow, found to be so good for wounds as to be called in France, "the herb of the carpenter."

In many country places the bark of the barberry is still used as a cure for jaundice, and the blackberry is valuable in obstinate cases of dysentery.

But tinctures, pills and powders are so convenient that we are apt to lose sight of the source whence many of these healing virtues originated and so to undervalue their worth.

Probably you and I have never made tea of the monarda or bee balm—that plant, with a flash of color for its blossom, that gives it a right to the title of "Humming-bird Flower." But it was used by the colonists, and said to make a good brew. Did you go to the woods and find the witchhazel, that strange shrub that puts forth its flowers in winter, and was regarded with superstition by the Indians of olden times. Yet to-day it retains its usefulness as a remedy for inflammatory troubles.

But we cannot stay in the woods with the herbs of our grandmothers—present-day needs and duties bring us back from the sweet spring air redolent with the odors of the awakening earth, to the serious fact of feeding the world.

In such an institution as this, when the subject of diet for the invalid and the convalescent forms a part of the curriculum, it would be presuming for me to say anything, but while I have wandered with you in search of healing balms, we have passed by in silence the fruits that form an important article of food for the juices afford many of the salts so necessary to the body, when they act as correctives, aperients, diuretics and antiseptics.

Did not this same grandmother give you a good hot cup of black currant tea for a cold in your youthful days? I can smell the pleasant fruity odor and testify to its virtue, and the currant is useful in deranged biliary secretions and scorbutic affections. The cheapness of good oranges and bananas helps to keep the

children of our day healthy, and so each fruit comes to us in turn for our daily use.

The apple is of special value as a wholesome, nutritious food, containing sugar, gum, a small quantity of oxalic acid, and a large proportion of malic acid, the latter being the principle upon which the grateful odor of the fruit depends. Thousands of Swiss and French peasantry make a hearty supper of apples and bread.

And here, to my mind, in closing, comes a verse that will tell better than words of mine the virtue of this fruit:

In these days of indigestion—of fever and congestion,
A new and pleasant remedy has lately come to light;
'Tis a cure all pure and simple, the very latest wrinkle,
Just eat a big round apple, and you'll be all right.

If your'e feeling pessimistic, in a way that's realistic,
If everything is going wrong and things look black as night;
If you're ill in mind and body—do not take a drink of toddy,
Just eat a big round apple, and you'll be all right.

MRS. FRASER TORRANCE.

Hillside, Chateauguay Basin, Que.

DISTRICT NURSING.

For six months I have been a district nurse in the parish of St James' Cathedral, Toronto, in private duty I was engaged five years. From my experiences of both, I could now rather wish that six months' private nursing had been followed by five years in the district work—so much more interesting, so much more congenial do I find my present work. Let me not be understood as disparaging the arduous and useful life of a private nurse, who gives of her strength, her cheerfulness, as well as her professional skill to lift the burden of sickness from home after home and to lighten the long hours of suffering for all who seek her aid. But in this work we pass from one bedside to another, our interest in one case is unconnected with our interest in the succeeding one; we enter closely indeed, but only for a short time, into one person's life, perform our professional duties and pass out of it. Now, as a district nurse, I know myself to be part of a large organization, which is working steadily, consistently and systematically to one definite end. I know that I continue to be an essential factor in the lives of those with whom I have to do. The home life of upwards of one hundred and fifty families is familiar to me. If there are any of you who hold the opinion that I have heard, not seldom, expressed, that there

are no real poor in Toronto, I wish you would come with me into some of these homes on George, Duke, Duchess or King Street. Homes, many of them, not only of poverty and squalor, but of contention and bitterness, homes of neglected, hungry children, of drunken husbands and nagging wives.

As a district nurse, my chief work is to visit such families as systematically as possible, to proffer food for their mouths, clothes for their bodies and a willing ear to their complaints. If a woman is ill and there is no one to wait on her, I go and do what I can. It is difficult to detail exactly the kind of work I find before me. Each person has her special difficulty, her special trouble, which requires special treatment. While one feels appalled by the vast amount of misery, one has the comfort of realizing that the smallest attention is helpful, that the thousand little things one can do, each and severally, mean a very great deal to those who can have no thought or interest outside the desperate needs of their squalid and struggling life. Of course one meets with ingratitude, a life of struggle and failure does not tend to develop capacity for gratitude. Cunning and fraud are not absent, yet if in giving to ninety-nine underserving, you give to one deserving, be sure it is well and profitably done. A friend of mine told me of a case of a woman who sent for relief, she was starving, her husband ill and she could get no work. The case appearing such an urgent one, the clergyman went down at once and found the needy family regaling themselves on roast beef and apple dumplings! This has never happened to me. When I begun my work, on one of my first visits I discovered an old woman living in a cellar, damp, as only a cellar can be, the foundations of which were giving way. In the room was an old stove, so shaky that its stability was threatened whenever coal was put on—which indeed was not often—a bed, very dirty, a table and two chairs. Besides this poverty-stricken condition, the place was overrun with rats. The poor old soul told me that she often was afraid to go to sleep, at night as the rats ran over the bed. She was hardly able to walk for varicose veins, but yet made her living, if we may give it such a grand name, by peddling shoelaces, tapes, pins, etc. Her earnings amounted to about 15c a day, out of which she had to buy food, clothes and pay \$1 a week for rent. She came very near starving to death. It was the winter when I was visiting her, her stove gave out no heat, and often I have gone in and found her in bed trying to get warm. Finding she had no clothes but those she had on, I got her others, and asked her to wear them, she said she would, but never did. On asking her why she told me a bath would be necessary before she could wear them, that a bath in that damp and icy atmosphere would probably kill her, and that all she had to serve the purpose of a bath tub was a dish pan, after that I could hardly urge on her the advantages of cleanliness! A dish pan is at best an uninviting bath, and one's life is a good deal to risk for a clean skin! She went to the House of Industry after much persuasion.

What makes my heart ache more than anything are the old people and the little children—more particularly the little ones. Little innocent things brought into the world with nothing before them but poverty and hunger, very often no clothes for the tiny stranger. When they get older greeted with shouts, slaps and oaths, many of them never hearing a gentle, loving word, how can they be expected to grow up into men and women who are going to make the world a little better? In so many of these homes you find such a number of children. Eight or ten dollars a week won't keep a family of twelve in much comfort when the rent is \$10 or \$12 a month. Think of the food, fuel, clothes. I find little things running about with no shoes or stockings on, others whose toes are beginning to peep out. In one house there are six children, and the mother told me that she has to wash their clothes after they go to bed to have them dry by next morning—they have no change to put on. Another family in whom I am most interested, consisting of father, mother and six children, live in three back rooms. They are English, brought out to Canada by some of these societies who promise untold wealth. The mother told me that they spent days at the Union Station on their arrival, sleeping at the house of some kind-hearted person who took pity on their forlorn condition. The husband found a little work after some days and they took these three rooms. For days they lived as best they could with no furniture until he got his first pay. All last winter he was sickly and not able to work much. She has a young baby and cannot leave as all the children are young. How they ever get enough food I cannot imagine. I went in one day about noon and found them having a dinner of boiled potatoes and dry bread, the boys need boots, stockings, everything in fact. The poor mother cannot bear to send them to school, the other children make fun of their old rags. Nevertheless in some of the most poverty stricken places you find such cleanliness and neatness as is a treat after some others. In one place, the dirt is fearful. It is the most poverty stricken, filthy hovel I ever was in. Everything tells of a slovenly woman and a lazy man. The children are absolutely neglected and hungry. The man is always asking for work and never keeping it, the wife says the man is lazy. The man says his wife has nervous prostration and ought to be in the lunatic asylum! The children are ragged and dirty, their language vile. You feel here is a great opportunity and yet try as you will it seems impossible to make any impression. As far as I can see the chief causes of this misery and poverty which you meet every day are:

1. Drink. So many of the parents drink, then think of the lives of the children, brought up in this atmosphere. They have no chance with such examples.
2. Immorality, especially connected with early marriages.
3. Laziness, particularly among men. I have given you an example previously. You will find that the wives are the workers.

4. Ignorance. In this I am thinking more particularly of the wives. Compare two homes, the same amount of wages coming in. The one home seems neat, tidy, clean. The wife just makes the two ends meet, it is a struggle, but she does it. In the other home, there is untidiness, dirt, misery, the money must go as far as is needed. Why is it? The wife doesn't know how to manage, she has never done any housekeeping before marriage, been in a shop or factory ever since she was quite young, the result a miserable home.

To contend with all this one has to have patience, tact and a sense of humor, also a large amount of sympathy. Opportunities in this work are numberless. So often a kind word will do more than we think possible. If there are any of you who know of cases of poverty, go and see them, I ask you. Your washerwoman is poor and lonely perhaps, go in for an hour and chat with her, it will do you both good. The furnaceman may have a sick wife or child at home, ask him about them, if you haven't time to pay them a visit. Your maid may have an unhappy home of poverty, talk kindly to her, she will tell you all about it. It is wonderful how a little kindness and sympathy open the heart of a person. It is a relief to them to speak. Cultivate your great gift of sympathy and you will find yourself repaid a thousand fold and in so doing the words of Christ may also be said to us:

"Inasmuch as ye have done it unto one of the least of these My brethren, ye have done it unto Me."

G. T. BARROW.

Toronto.

ONE'S OWN PATIENT.

Novelty in a rather quiet and somewhat uneventful life is by many considered desirable, but not the novelty of being ill, and one's own patient, and the necessity of looking to others for, or doing without, the many little attentions which make life endurable or, I may even say, pleasant while confined to bed.

In this position, alone and among strangers, I found myself. In a short time I found some dear and helpful friends. The kindly interested care of very excellent physicians, for which I know I cannot be too grateful, helped to brighten life and make me feel "at home." Then, above all, the blessed companionship of books and flowers, the latter sent by my new friends, was a never-failing solace, and turned the many sleepless nights and suffering days into so many hours. My chief diversion in thought was to imagine myself two personalities—one the patient under doctor's orders and the other the nurse who carried the orders into effect. Sometimes the patient rebelled, but the nurse always won out, because the

patient was so anxious to recover health speedily, which she did, considering the starting condition. The convalescing period, which is usually so tedious when lasting over five months, was comparatively a happy and pleasant time, due, some of my indulgent friends say, to a sunny disposition and contentment under all circumstances. But I attribute it to my proximity to the dear old ocean and the many happy hours spent in a rolling chair with my favorite book on the beach.

I am so thankful to be well and strong again when every fine day on the board walk we meet so many sick and crippled in rolling chairs or on stretchers taking in the delightful sea air. The board walk, which is over five miles long and thirty feet wide, is a boon of comfort, and some even say life, to so many.

I trust I have not wearied the dear readers with my sick experience.

GRADUATE NURSE.

Atlantic City, May, 1908.

ETHICS.

It is not easy to define in a single phrase the subject commonly called ethics in such a manner as to meet with general acceptance. It is an abstract rather than a concrete subject, therefore a definition of the latter, such as Chemistry by way of contrast, may help us to explain ethics. Chemistry is concerned with what is, has been or will be: Ethics with what is good or what ought to be. We must add, however, that the good which ethics investigates is not "Absolute Good," but "Good for Man" or the "Good" or "Well-being of Men," individually or collectively.

Now, if we make an examination into the general nature of ethics, we would consider the three chief factors concerned, *i.e.*, faith, purity and love. We would define faith as a clinging to moral and religious conviction. As a result of this faith or loyalty to conviction, our duty toward our fellow-creatures becomes clearer, and in proportion as we exercise this faith so are our duties more easily performed. The second outstanding feature is purity. An abstinence from all things unlawful and intemperate. We use "intemperate" in the broad sense of the term. For instance, it means a curbing of the exorbitant love of pleasure which we see in some, or again a renunciation of the race after wealth so characteristic of our own age. But love, the third factor, is by far the most essential. It is the motive principle of Christian good conduct. It means love to God in the first place, and as a development, love to all mankind.

The above is, however, merely an abstract summary. If it would be beneficial to the individual, we must apply it to the con-

crete subject. How then can we as nurses carry out the ethical code in our lives? Or, again, how shall we show forth in our vocation this faith, purity and love? As for faith, may we not substitute the term loyalty? Is not loyalty a nurse's strongest characteristic—loyalty to her physician, her patient, her classmates, her institution. If purity means abstinence, how necessary for us to exercise it. Our example counts for much, therefore how carefully should we guard our actions. But the greatest of them is love. Love or self-sacrifice, and where shall we find it better illustrated than in the ideal nurse? Mark you, I say "ideal." Over and over again she is called upon to give up her own claims for those of others, and how gladly does she do so! How often must she exercise that patience, tact and sympathy which were incarnated in the Divine pattern of perfect love! So, then, we would say, love is the fundamental basis of a nurse's ethical code: love to her Divine Maker, and, as a result, loyalty to and self-sacrifice for those around her.

JEAN M. C. SCOTT, B.A.,

Pupil Nurse, Kingston General Hospital Training School for Nurses.

Q. A. I. M. N. S.

The annual dinner of the Queen Alexandra's Imperial Military Nursing Service took place at the Hotel Windsor, on the 11th June, 1908.

Miss Sidney Brown, R.R.C., having been asked to perform the duties of chairman, responded most willingly and acquitted herself on this occasion in the usual hearty way with which she enters into everything connected with the nursing profession, particularly that of the army, in which she served so long.

The unavoidable absence of Countess Roberts, Vice-President of the Nursing Board, and Viscountess Downe, member of the same Board, was much regretted.

The dinner hour was fixed at 7 p.m., to enable some of the staff to return to their various destinations the same night, and very punctually all sat down to tables beautifully decorated with the most delicately-colored flowers which, it should be mentioned, were obtained at Covent Garden by some very early risers from the Queen Alexandra Military Hospital, Millbank.

On the right and left of the Chairman sat Miss Keer, the Matron-in-Chief, and Lady Wynne; beyond sat Miss Cave, Matron of Westminster Hospital and member of the Nursing Board, while Miss Becher, Principal Matron, as manager of the dinner, took up a position best suited for the responsibilities of her post.

The band of the Royal Army Medical Corps, Aldershot, dis-

coursed a very suitable programme of music whilst ample justice was done to a varied menu.

A little surprise towards the end of the dinner was caused by the appearance of a photographer, hitherto unknown on these occasions. The resulting pictures, even if they do not satisfy the fastidious will form a memento of the annual Q.A.I.M.N.S. dinner, to be handed down hereafter to succeeding generations as the fifth birthday of an institution which should increase in proportion and importance as the years roll on (and should draw like a magnet all its members to one united centre.

If colors could be reproduced accurately by photography, then it would be difficult to find for its portrayal a prettier sight than the scarlet silk capes and facings, toned down by the quaker grey silk dresses and set off by the snowy handkerchief caps of Indian muslin.

The health of His Majesty the King and Queen Alexandra, President of the Q.A.I.M.N.S., and the Royal Family were proposed by the chairman, and shortly after that the whole staff adjourned to the ante-room for coffee and animated conversation. Here from all parts of the United Kingdom, in groups of twos and threes, "comrades-in-arms" met and talked, and it is easy to imagine how much use would be made of the limited time afforded on this occasion.

Those who came from long distances were invited by Miss McCarthy, the hospitable Matron at Millbank, to avail themselves of the fine accommodation afforded there and, needless to say, the invitation was thankfully accepted. Amongst those present was a former sister who had served in the Egyptian War in the early eighties, and it was refreshing to see her enthusiasm, which would have done credit to a newly-fledged member of the Q.A.I.M.N.S.

Unfortunately the hands of the clock crept on, and though loth to go, yet duty calls were emphatic, and as time and trains wait for no one, ten o'clock saw the last members of the Q.A.I.M.N.S. leave the steps of the Hotel Windsor, where a most enjoyable evening had been spent.

NURSES HELP HOSPITAL.—Because of the lack of funds at St. Mark's Hospital, New York, and an insufficient response to an appeal sent out some time ago, the twenty-five nurses of the institution, graduates and training school pupils have offered their salaries for the next three months to help the institution over the hard times. Six thousand dollars is needed. In addition to its ward work, St. Mark's has a large out-patient service. It has also, since 1890, given out 32,955 free meals to hungry persons applying at the Hospital.—*New York Medical Record.*

Clinical Department

SIMPLE MEASURES FOR THE RELIEF OF INSOMNIA.

How to woo sleep in the case of wakeful invalids is a question that periodically confronts every nurse. The steady increase in the number of drug *habitués*, the multiplication of nervous, wakeful individuals, who, though not exactly invalids, are vainly seeking rest and finding none, leaving out of consideration the more serious conditions which follow if these habits and tendencies are not checked, makes the subject of more than ordinary importance. So diligently do the vendors of patent medicines advertise their wares, so strong is the temptation to ordinary mortals to avail themselves of these "short cuts to comfort" on the slightest pretext, that it is all the more necessary that those who have seen the result of these habits, who understand the dangers that follow the indiscriminate use of hypnotics of any kind, should practice and preach, as opportunity offers, the use and value of simple hygienic measures in overcoming wakefulness.

In an article in the *Dietetic and Hygienic Gazette*, written by Hubert Richardson, M.D., of Baltimore, after an exhaustive study of a large number of such cases, the statement is made that sulfonal, which nurses have considered harmless, has been found to possess a marked destructive power on the red corpuscles, and that most hypnotics produce sleep by intoxication and are, therefore, poisonous. Paraldehyde, if used for very long, produces a habit; bromide *habitués* are far from being uncommon, while the dire effects of opium are matters of everyday clinical observation.

He classes the main causes of insomnia as follows: unusual irritability of the vaso-motor system; excessive physical work, which stimulates the heart to such an extent that it fails to subside to normal; excessive mental work, which produces dilation of the cerebral vessels for such a length of time that they lose their normal tone; anxiety, worry, or intense joy, and anæmia.

Besides these, there are minor or external causes which often contribute to wakefulness. One of the commonest causes in winter is that the sleeping room is too warm and the air heavy with impurities. This is one cause which, as a rule, can be readily removed, given a tactful nurse, who knows how to deal with the unreasonable fear of "catching cold" that is so prevalent among all classes of people. After the nurse has prepared the invalid for sleep by bathing hands and face, rubbing with dilute alcohol, shaking and turning the pillows or bringing in a cool fresh one, brushing out the crumbs and straightening out wrinkles in sheets and gown, seeing that the feet are thoroughly warm, etc., let the windows be opened wide. Protect the patient by an extra blanket

or a screen if necessary, check the heat if it is excessive, and fill the room with cool pure air. Unless there is a strong wind blowing, or the weather is severely cold, one window may wisely be left open all night.

It is quite as necessary to consult the thermometer of the room in nursing wakeful invalids successfully, as in other diseases. A temperature of 60 degrees F. is much more conducive to sound restful sleep than if it is ten or fifteen degrees higher, as it very often is.

A hot footbath is often useful at bedtime in the case of bed-patients, while toasting the feet thoroughly for a half hour before a fire, has yielded equally good results where the invalid is not confined to bed. Direct heat to the feet in bed often seems to increase nervousness in some invalids who will promptly fall asleep when the heater is removed.

It is a good rule, where the tendency to insomnia seems persistent, to prohibit for three or four hours before bedtime, visitors, animated discussion on any subject, reading, concentrated thought, or anything else which might tend to mental excitement.

Unless the patient is confined to bed a full tepid bath in the bath tub lasting from twenty minutes to a half hour may be tried. It will, as a rule, be found that the heart action has slowed considerably as a result of the bath, and natural sleep may be expected to follow. Common salt, using about four tablespoonfuls to each gallon of water, increases the good effects of the bath. A light general massage following the bath, will help to woo sleep in the most obstinate cases.

In the case of a bed-patient, the tepid pack for from a half hour to an hour will often result in the invalid falling asleep in the pack. This has proven particularly useful in the case of hysterical women.

No heavy or full meal should be given to the patient for at least three, or better four, hours before bedtime; and at the last substantial meal of the day, neither tea nor coffee should be served. Cocoa, hot water or postum cereal make excellent evening drinks.

While it is a mistake to give a full meal just before retiring, it is quite as great a mistake to expect a nervous invalid to go to sleep promptly with an empty stomach.

Thin oatmeal gruel or the old-fashioned remedy, a cup of hot milk, sipped slowly, and a few crackers or a piece of plain bread or biscuit, are well worth a trial. Some invalids get so addicted to their hot milk at bedtime that they find it hard to settle down to sleep without it; and the best thing about this good old remedy is that it leaves no bad results from being addicted to it.

A hot water bottle applied to the back of the neck, and a cold compress to the forehead are measures recommended by some physicians who have prescribed them with good effects.

If the cause of the insomnia is not worry, and if there is no pain present, these measures, if wisely used, will, in a large proportion

of nervous cases, be successful in producing natural sleep. In any case, the use of hypnotics, unless definitely ordered to be given, should be left for a last resort, and used only as long as needed to tide over the emergency.

Detroit.

C. A. AIKENS.

BICHLORIDE.—In making up bichloride solutions for douches or irrigation of wounds, some physicians claim there will be less irritation from their use if normal salt solution is used to make them instead of plain water.

VINEGAR.—The value of alcohol as an antidote to carbolic acid burning or poisoning is well known. It is not so well known that common vinegar is also an effective antidote for either external or internal use.

BURNT SUGAR.—Burnt sugar has long been used by the laity as a deodorant in sick-rooms, but a report in a druggists' journal states that it has also valuable antiseptic properties. Experiments have been made with typhoid fever and tuberculosis germs, exposing them to the vapor confined in a glass. The germs refused to grow after the exposure.

GOLD FISH.—If your patient has plenty of flowers in the sick-room, suggest to some friend to bring a few gold fish in a pretty bowl, instead of flowers. The fish are usually a source of interest and pleasure to both child and adult invalids.

NIGHT DUTY.—When on night duty, do not indulge in a cup of strong coffee before going to bed and then wonder why you cannot sleep. Both tea and coffee ought to be omitted in the morning by night nurses. It is also better to take the daily walk after rising than before going to bed if one wants to get to sleep promptly.

C. A. A.

THE FAIR OF ALL NATIONS, to be held by the Toronto Graduate Nurses' Club in Massey Hall, October 29, 30 and 31, is expected to be a great success, as the nurses and their friends are working hard for it. The graduates of the Hospital for Sick Children have a baby booth, with clothing and necessities for children; the St. Michael's nurses have "Ireland," and are going to make their booth a success; the Western Hospital nurses have "France"; the T. G. H. nurses have the "Dispensary," with toilet articles and nursing supplies; the Isolation have sick-room supplies; Grace may take Japan; the Hospital for Incurables have "Wales"; the "outside" nurses have dolls which will represent every hospital whose graduates are on the Central Registry. There will be also booths for fancy work, canned goods, art, autographs, fortune-telling, and, indeed, anything that can be exchanged for money. All contributions will be gratefully received, and may be sent to Hospital for Sick Children.



CHIEF LADY SUPERINTENDENT.

Miss Mary Ard. Mackenzie, R.N.

DISTRICT LADY SUPERINTENDENTS.

Miss Charlotte E. Eastwood, Toronto; Miss E. Hester Hardinge, Ottawa; Miss Agnes Lynch, Montreal.

SUPERINTENDENTS OF VICTORIAN ORDER HOSPITALS.

Miss Minnie E. Miller, Rock Bay, B.C.; Miss Anna White, Revelstoke, B.C.; Miss M. Sharpe, Arrowhead, B.C.; Miss A. Alexander, Kaslo, B.C.; Miss Rebecca Macdonald, Indian Head, Sask.; Miss G. Heales, Melfort, Sask.; Mrs. C. Mounsey, Swan River, Man.; Miss Augusta Blakely, Yorkton, Sask.; Miss Mary Hammond, Shoal Lake, Man.; Miss Elizabeth Dodds, Thessalon, Ont.; Miss Alice Hunt, Copper Cliff, Ont.; Miss Margaret Park, North Bay, Ont.; Miss Mary S. Keith, New Liskeard, Ont.; Miss Gertrude Shields, Almonte, Ont.; Miss Edith Mayou, Harrington Cove, Lab.

A POST-GRADUATE course in District Nursing, 4 months, is given at one of the Homes of the Victorian Order of Nurses, either in Ottawa or in Toronto. For full particulars, apply to the Chief Lady Superintendent, 578 Somerset St., Ottawa, Ontario, or to the District Lady Superintendent, 206 Spadina Ave., Toronto, Ontario.

The
Guild of



Saint
Barnabas

"Je le pansay ; Dieu le guarit." [I tended him ; God healed him.]
—*Ambroise Paré.*

OTTAWA BRANCH.

Local Chaplain—Rev. Canon Kittson.

Local Superior—Mrs Hueston.

Acting Sec.—Miss Sewell.

It is with deep regret we learn of the resignation—through ill health—of our kind, energetic and sympathetic Superior, Mrs. Hueston. Though not long in office, she has won our regard and confidence. We had the feeling that an attentive ear and understanding heart was always open for our woes and troubles. The year with us was not an easy one, and many of the difficulties are still with us. "What the Father of all wills, that is good ; and what He does is well done." St. Barnabas' day was marked only by the Corporate Communion. In the absence of the Chaplain, the Rev. Lennox Smith officiated. For the remainder of the day we followed the daily round, the common task, mosquitoes making the Annual Picnic an impossibility. Without officers—and we are absolutely officerless—we dare not face the armies of tiny pests that infest the woods, rivers and lakes.

What are you doing for the half-hearted, the bad members of the Guild, if there be any ; those who are turning back ? Do you see an evangelist in the inconsistent companion, and determine to steady him, and to stay by St. Mark, even at the risk of separation from those whose opinions seem more valuable than your own ? What are you doing to make this Guild felt ? Remember what has been done for good and for evil by single individuals, sometimes by the utterly insignificant, sometimes by chronic invalids.—*Canon Newbold, 30th Anniversary Sermon, July, 1908.*

My Scallop-Shell of Quiet

GIVE me my scallop-shell of quiet,
 My staff of faith to walk upon,
 My scrip of joy, immortal diet,
 My bottle of salvation,
 My gown of glory, hope's true gage;
 And thus I'll take my pilgrimage.

Blood must be my body's balmer;
 No other balm will there be given;
 Whilst my soul like quiet palmer
 Travelleth toward the land of Heaven;
 My soul will be a-dry before,
 But, after, it will thirst no more.
 —Sir Walter Raleigh.

THE DESIRE TO BE KIND.

It seems scarcely possible that anyone who works side by side with his fellows in this vast house of enterprise can do so without forming habits of helpfulness. To know when the rough place comes in the road and to stretch out the steadying hand, to recognize the strain on will and temper, to perceive at a glance the presence of physical or mental pain, to make allowance for any kind of weakness, to sympathize with disappointment and grief, no man who uses these things as part of his daily life can be persuaded to call them virtues. They are as simple and necessary as daily bread. But they are as dear to the toiling multitudes of humanity as all but heaven itself.—*J. R. M., in the Evening News, Toronto.*

WHAT CAN'T BE ENDURED MUST BE CURED.

It is reported of St. Gregory that once when a man was found starved to death in his diocese he inflicted heavy penalties on himself, and took all the blame on his own shoulders. Something was wrong with his administration, he said, or it could never have happened. A poor woman once died soon after her confinement quite alone, in the middle of the night, in a big London parish. It led indirectly to the appointment of a district maternity nurse. Such a thing need never happen again, said the Vicar. It was a thought not to be endured. This is a better way, surely, than saying, as we so often do, "Well, it is very sad." But I don't see how anyone is to blame. It is nobody's fault. We can't do anything. 'What can't be cured must be endured.' But the point, it seems to me, is: "Can we not try to do something? Ought we to be able to endure it, this evil, this wrong, this injustice?" Well, if we can't bear it, we must seek a remedy; and if we seek it in the right way, we shall probably find it—or, at least, someone else may find it, because we helped to start them on the search.—*Edith E. G. May.*

The Canadian Nurse

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No. 8.

Editorial.

THE NURSES' SALUTE.

One of the most remarkable demonstrations in the world's history took place at London recently, when working women, society women, professional women and many others walked in a great procession to show that they wanted Votes for Women. Among the most prominent groups were women physicians in academical costume and nurses in uniform. As the nurses, bearing a banner with the name of Florence Nightingale upon it, passed the Army and Navy Club, these grizzled veterans, including, it is thought, some heroes of the Crimean War, bared their heads and saluted.

RAILWAY NURSES.

Four nurses distinguished themselves at the serious railway accident on the new C.P.R. line from Toronto to the West which occurred in the early hours of Sunday morning, June 28th. A graduate of Toronto General Hospital and a nurse from Chicago, both of whom were too modest to give their names to the newspaper reporters, did all they could to help and succour the wounded before the arrival of the special train which brought Superintendent Osborne, Dr. H. A. Beatty, Dr. Clendennan, Dr. Milne and nurses Rogan and McArthur of the Toronto Western Hospital. Miss Rogan and Miss McArthur had been on duty all day, and Miss Rogan had been, in addition, on duty at an emergency operation from 9.00 to 12.00 midnight, when she was called again at 1.00 a.m. for the special train.

This reminds the CANADIAN NURSE of what the French General said when he was told of the charge of the Light Brigade at Balaclava. He said, "It was very fine, but it was not war." It was very fine and all honour to the two nurses who answered the call. But should they have been called under the circumstances? A score of graduate nurses, who had not been working all day and part of the night, would have been glad to go, and we would respectfully suggest to the railway authorities the advantage of having a few Railway Reserve Nurses, who, while discharging their ordinary professional duties, would hold themselves in readiness for such railway calls.

Editorial Notes.

INDIA.

Association of Nursing Superintendents.—The report of this Association for 1907 has been issued, and we learn some interesting particulars from the *American Journal of Nursing*. Miss J. W. Thorpe, St. Catherine's Hospital, Cawnpore, is the Secretary, and among the members are Miss E. C. Morrison, V.G.H., Halifax, Superintendent of the Jhansi Hospital, and Miss Thomson, T.G.H., of the Mission Hospital at Indore.

GREAT BRITAIN.

Riding.—Every effort is being made by the authorities of Q. A. I. M. N. S. to encourage the nurses to learn to ride, a necessary accomplishment at so many of their stations abroad. The expense is half a crown a lesson, and it is more than worth half a crown.

SCOTLAND.

The Late Miss Louisa Stevenson LL.D.—A most noble and distinguished Scotswoman, one of two sisters who had long been interested in every good work, died last month in Edinburgh. Miss Stevenson was a member of the Board of the Edinburgh Royal Infirmary, had promoted the University education of women, the Medical education of women, the work of the Nurses' Jubilee Institute, and the Colonial Nursing Association. She was also President of the Society for the State Registration of Trained Nurses. Hers was a heroic career. She won great affection and regard, and she doubtless has gone to a great reward. Her spirit may well be known from these words of hers to nurses: "I ask you to remember that reforms are not initiated by the great and mighty. I know of no reform measure taken up enthusiastically by large numbers, but our cause is founded on justice and righteousness, and will ultimately triumph. There is much hard work before us, and much money needed, for nothing can be done without money, so I ask you to relieve the Treasurer of financial anxiety. But I am perfectly certain, I am as sure as that the sun will rise to-morrow, that eventually, for the whole of the British Empire, there will be established a State Register of Trained Nurses."

IRELAND.

The Irish Nurses' Association.—The new President of the Irish Nurses' Association is Miss L. Ramsden, Matron of the Rotunda Hospital, Dublin.

Returned.—Lady Hermione Blackwood has just returned from a delightful trip to the West Indies.

Official Department.

THE ALUMNÆ ASSOCIATION OF THE COLLINGWOOD GENERAL AND MARINE HOSPITAL TRAINING SCHOOL FOR NURSES.

Officers for 1908-9: Hon. President, Miss Morton; President, Miss G. Morrison; First Vice-President, Miss P. J. Cottrill; Second Vice-President, Miss Ella Baker; Secretary, Miss J. E. Carr; Assistant-Secretary, Miss E. M. Dawson; Treasurer, Miss M. M. Redmond.

Sick Visiting Committee: Miss Moore, Miss Robinson, Miss G. Morton, Miss Klinck.

The meetings are held on the last Thursday of the month at 3 p.m. in the Board Room of the Hospital.

TORONTO GENERAL HOSPITAL ALUMNÆ ASSOCIATION.

Officers, 1907-8: Hon. President, Miss Snively; President, Miss A. Muir, 505 Sherbourne St.; 1st Vice-President, Miss H. Fralick, 12 Selby St.; 2nd Vice-President, Miss M. Tweedie, 53 Langley Ave.; Treasurer, Miss Halbhaus, 12 Selby St.; Recording Secretary, Miss Mary Roberts, Grange Ave.; Corresponding Secretary, Miss Samson, 12 Selby St.; Directors: Miss Hall, Miss Burnett, Miss Crosby, 12 Selby St.

Conveners of Standing Committees: Sick Visiting, Miss Alice Stewart, General Hospital; Registration, Miss Lucy Bowerman, Sherbourne St.; Programme, Miss Ida Beam, Selby St.; Social, Miss Younger; Look-out, Miss Baldwin; Press and Publication, Miss M. E. Christie, 19 Classic Ave.; Representative of the Central Registry Board, Miss B. Crosby and Miss Purdy; THE CANADIAN NURSE Representative, Miss Frieze.

THE ALUMNÆ ASSOCIATION OF THE HOSPITAL FOR SICK CHILDREN TRAINING SCHOOL FOR NURSES, TORONTO.

Officers, 1907-08: Hon. President, Miss Brent; President, Miss Gowans, 5 Dupont St.; 1st Vice-President, Miss Barnard, 608 Church St.; 2nd Vice-President, Miss Ellrington, 15 Selby St.; Recording Secretary, Miss Sale, 116 Binscarth Rd.; Corresponding Secretary, Miss Robertson, 182 Walmer Road; Treasurer, Miss Mary Hill, 105 Roxborough St. East; Secretary of Invalid Cookery Book, Miss Mary Gray, 505 Sherbourne St.

General Business Committee: Convener, Miss Barbara Goodall,

666 Euclid Ave.; Miss Jenny Gray, Deer Park P.O.; Miss Bennett, 505 Sherbourne St.; Miss Kirkby, 266 Gerrard St.; Miss Adams, 85 Isabella St.; Directors, Miss Halley, 24 Elgin Ave.; Miss Lemon, 20 Boswell Ave.; Miss Clark, 85 Isabella St.; Representatives to Central Registry, Miss Cooper, Miss J. Hamilton. Representative on Editorial Board of THE CANADIAN NURSE, Miss Hamilton.

Meetings are held on the second Thursday of the month in the Nurses' Residence at 3.00 p.m.

QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

The following ladies have received appointments as Staff Nurses:—Misses I. D. Humfrey, A.N.S.R., G. E. Browning, N. I. Jordan, M. A. W. Green, M. C. Tawney.

POSTINGS AND TRANSFERS.

Sisters.—Miss E. Body, to M. Hp., Canterbury, from M. Hp., Dover.

Staff Nurses.—Miss M. E. Jacob, to the A. M. Hp., London, on appointment; Miss M. J. Branson, to the A. M. Hp., London, on appointment; Miss M. I. Taylor, to M. Hp., Shorncliffe, on appointment; Miss C. M. Pearce, to C. Hp., Aldershot, on appointment; Miss M. C. Johnston, to M. Hp., Dover, from C. Hp., Aldershot; Miss B. Rankin, to M. Hp., Cork, from M. Hp., Curragh; Miss E. Harvey, to M. Hp., Dover, from the Q. A. M. Hp., Millbank, London; Miss S. N. Daly, to M. Hp., Curragh, from M. Hp., Shorncliffe; Miss A. E. Allen, to C. Hp., Aldershot, from A. M. Hp., Cosham; Miss A. R. Sibbald, to A. M. Hp., Cosham, from C. Hp., Aldershot; Miss G. A. Howe, to M. Hp., Hounslow, from C. Hp., Aldershot; Miss E. R. Collins, to M. Hp., Tidworth, from M. Hp., Hounslow; Miss E. Cooke, to C. Hp., Aldershot, on appointment.

PROMOTIONS.

The undermentioned Staff Nurse to be Sister:—Miss D. M. C. Michell.

APPOINTMENTS CONFIRMED.

Staff Nurse.—Miss M. E. Don.

C. H. KEER,
Matron-in-Chief, Q.A.I.M.N.S.

Hospital and Training School Department.

THE graduation of Miss Garbutt, Miss Wallace, Miss Beattie, Miss Hickson, and Miss Costello, the class of 1908 at the Ross Memorial Hospital, Lindsay, was an event of more than usual importance in the town. Lindsay is fortunate in having for the Chairman of the Board of Governors of her beautiful hospital, Mr. J. D. Flavelle, one of the most public-spirited citizens of the Province, and a brother of J. W. Flavelle, Chairman of the Board of Governors of Toronto General Hospital. The chief address was given by Dr. Bingham of Toronto, who had come specially to Lindsay for the purpose, and both he and the other speakers warmly congratulated and complimented the Superintendent, Miss Miller, and the Head Nurse of the Operating Theatre, Miss Barker. Dr. Bingham wisely dwelt on the importance of a nurse taking care of her health, and spoke forcibly and wisely on the value of observation, reasoning, tact and cheerfulness, and on the importance of being firm and not too friendly with the patient. Warden Mason, Mayor Begg and the Rev. Mr. Phelps, the Rev. Mr. Marsh, and the Rev. Dr. Bishop also delivered interesting addresses.

ON Thursday, June 18th, in the Council Chamber of the City Hall at Brandon, Manitoba, an event of historic importance took place. It was the first graduation of a class of nurses from the Training School of Brandon General Hospital, of which the Superintendent, Miss Birtles, and the Assistant Superintendent, Miss Hortop, have reason to be proud. Great interest in the event was manifested by the friends of the nurses and the general public who listened with pleasure to the address of the Chairman, President Charles Whitehead, which was a masterly review of the work of the nurses in the three years of their course. The lady Superintendent, Miss Birtles, pinned on the Graduates' medals and presented the diplomas, while Dr. More presented the gold, silver and bronze medals donated by the medical staff and awarded for the highest standing. These were won, respectively, by Miss Mina C. Morrison, Miss Ruby C. Asheroft and Miss Annie E. Valens. A prize for proficiency was awarded to Miss Margaret McGowan. The Secretary, Mr. James, and Mr. Fraser, Mr. Inglis and others also addressed the gathering. The following were the Graduates: Mina C. Morrison, Ruby F. Asheroft, Annie E. Valens, C. Bartlett, M. MacKay, Margaret McGowan, Jean R. Keating, Christiana Macleod, Margaret Fleming, Annie A. Kennedy, Adeline Knowlton, Millicent F. Hodson, Maud McGregor.

THE regular monthly meeting of the Central Registry Committee was held on Monday, July 6th, at 644 Spadina Ave. Members present, 6. Registrar's report showed number of members to be

269; Calls for June, 117; Registry, 99; Personal, 18; Current Account, \$50.60; In hand, \$35.50.

A Sick Benefit Fund has been organized in connection with the Edmonton Association of Graduate Nurses.

THE Annual Graduating Exercises in connection with the Hamilton City Hospital took place at the Nurses' Residence on June the eighteenth. A large number of friends of the class, as well as many of the city doctors and clergy, assembled to witness the presentation of the medals and diplomas. Chairman Billings presided at the exercises, and asked the Rev. Dr. Lyle to present the diplomas and the Rev. Father Coty the medals. Speeches were made by both gentlemen. Dr. Frank Coleman addressed the class and his cheery, helpful, practical advice will not soon be forgotten. Rev. Canon Almon Abbott, in his address, gave some advice which will be of much help to them in their professional career. Dr. Langrill, Medical Superintendent, congratulated the class and spoke of their satisfactory work during their training. The report of Mrs. House, Superintendent of the Training School, was presented. It stated that there are at present fifty nurses and seven probationers. Fifty lectures are delivered to the nurses by the doctors of the staff every year. Of the present class, five have completed their course and are doing private nursing in the city. The remaining number will complete their course within the next two months. The following are the names of the class: Miss Nellie Wright, Hamilton; Miss Martha C. Milne, Delaware, Miss Laurel P. Cummings, Walkerton, Miss Eldred Neelands, Strathroy; Miss Mina Rodgers, Hamilton; Miss Iva M. Murphy, Hamilton; Miss Vida Lattimer, Woodstock; Miss Edith Glass, Hamilton; Miss Catherine Dagleish, Millbrook; Miss Margaret A. Stanyer, Montreal; Miss Alice E. Huidley, Oustic; Miss Ethel B. Brickley, Hamilton; Miss Elizabeth Sadler. The CANADIAN NURSE cordially congratulates the hospital authorities, and especially Mrs. House, on the work of the year.

IN the June issue of the CANADIAN NURSE, there appeared in the "Hospital and Training School Department" a note, taken from the daily press, in regard to the management of the Victoria General Hospital, Halifax, N.S. We are requested to insert the following: To be at all fair to the hospital and those charged with its management, this statement requires an explanation, which we are sure you will kindly allow to appear in the columns of your journal. The Victoria General Hospital is entirely a Government institution. During the year several vacancies occurred in the attending Medical Staff. The Government filled these vacancies by appointing to them medical men of the city of Halifax. There were less vacancies than there were applicants. Sir Robert Weatherbe's son was an applicant. He was not appointed. "Sir Robert Weatherbe made no grave charges regarding the manage-

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for both nurse and patient needs care in the selection. In hot weather appetite is capricious but the nurse's strength, as well as her patient's, needs to be supported—for very often the recovery of the patient depends upon her untiring watchfulness.

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ment of the Victoria General Hospital from his place in the House of Assembly of Nova Scotia." He is not now and never was a member of the Legislature. Between Sir Robert and the Government, correspondence had taken place regarding the medical organization of the institution. In this correspondence, in which Sir Robert advocated his son's appointment to the hospital staff, statements were made which suggested inefficiency in this department, and which might be construed as actual or implied charges against the medical management of the institution. The matter was brought up and discussed in the House of Assembly, but in the whole controversy and discussion, incident to the disappointment, no reference (except complimentary) was in any way made to the general management or administration work of the hospital. The whole unpleasant incident grew out of difference of opinion and unavoidable disappointments respecting the filling of vacancies on the Medical Staff, of which there were not sufficient to satisfy all those seeking recognition.

THE Eighteenth Annual Report of the Brandon General Hospital has a very attractive and almost military appearance in its scarlet and gray cover. Inside, the illustrations and the interest of the contents, as well as the excellence of print and paper, give the whole report a pleasing tone and finish. During the year 1,023 patients were admitted, and the annual income was over \$11,000.00. There is accommodation for 120 patients, and at the time of the visit of the Grand Jury, there were 60 inmates, 23 of whom had typhoid fever.

THE closing exercises of the twenty-sixth graduating class of the Training School for Nurses were held in the amphitheatre of the Toronto General Hospital, and were attended by a large gathering of representative citizens and others interested in the work of the hospital and the training school. The Rev. H. Francis Perry opened the proceedings with prayer, after which an interesting address was given by Mr. J. W. Flavell. Miss Snively read an excellent annual report, and Mr. Chas. Cockshutt addressed the graduating class. President Falconer presented the diplomas and badges, and the following prizes were presented by the donors: Scholarships—Senior year; the C. C. scholarship; \$50; general proficiency, practical work, deportment and administrative ability—Sarah McClure Morrow. The T. D. Patterson scholarship; \$50; surgical technique and aseptic surgery—Jean C. Leishman. The Alumnae Association scholarship; \$25; practical essay on preparation and after care of an abdominal section—Alice Ross. Prizes—Senior year; first prize, general proficiency, offered by Dr. Charles O'Reilly—Clarissa A. Hasenflug. Second prize, general proficiency, offered by Mrs. Walter S. Lee—Mary Alice Smeeton. Third prize, general proficiency, offered by R. L. Patterson, Todmorden—Eva Hyslop. Special prize, practical nursing, offered by

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Dr. J. N. E. Brown—Florence Margaret Ross, Martha Olive Bradley. Special prize, for neatness and order in bedroom, offered by Mrs. R. B. Hamilton—Eva J. Garrett, Florence Margaret Ross, Nellie G. Minns. Scholarships—Intermediate year; the Mrs. A. T. White scholarship; \$50; for general proficiency and practical work—Nellie Thompson. The John H. C. Durham scholarship; \$25; for deportment and ethics—E. Nora Campbell. The Arthur McCollum Memorial scholarship; \$50; in the junior year for general proficiency and practical work—Laura Gamble. Following are the names of the graduates:—Emma Elizabeth Augustine, Arkona, Ont.; Patience J. Bartley, Listowel, Ont.; Martha Olive Bradley, Welland, Ont.; H. Pauline Dayman, Parry Sound, Ont.; Elizabeth Davison, Newmarket, Ont.; Mildred Dean, Toronto, Ont.; Mary Elizabeth Fletcher, Paisley, Ont.; Eva J. Garrett, Barrie, Ont.; Clarissa A. Hasenflug, Milverton, Ont.; Rose E. Hollies, Dartmouth, N.S.; Eva Hyslop, Lansing, Ont.; Jean C. Leishman, Chatham, N.B.; Nellie G. Minns, Toronto, Ont.; S. McClure Morrow, Toronto, Ont.; Elizabeth Morris, Toronto, Ont.; Effie McGiffin, Toronto, Ont.; Jessie C. MacLennan, Toronto, Ont.; Catherine C. MacGibbon, Forest, Ont.; Catherine J. Newall, Toronto, Ont.; Nellie Park, Port Robinson, Ont.; Alice Ross, Leamington, Ont.; Elsie G. Ross, Stratford, Ont.; Florence Margaret Ross, Cannington, Ont.; Frances Scott, Port Arthur, Ont.; Mary Alice Smeeton, Newark, Eng.; Mary A. Springer, Burlington, Ont.; Margaret W. Thompson, Toronto, Ont.; Hazel Wallace, Toronto, Ont. A charming garden party was afterwards held in the Hospital grounds, the guests being received by Miss Snively, Mr. Flavelle, Mr. Cockshutt, Mr. Larkin and Dr. and Mrs. Brown. The scene was a most pleasant one, and the music of the military band beautiful, the weather and the interest of the occasion all added to the enjoyment of the guests.

THE following is a list of new members of The Graduate Nurses' Association of Ontario for 1908: Mrs. Louise W. Burns, Royal Victoria, Montreal; C. E. W. Caire, St. Luke's, Ottawa; E. J. Dugman, Galt Hospital; E. Dickson, Galt Hospital; C. Edwards, Belleville, General; Mrs. E. E. Foster, Belleville, General; Blanche Forsey, Lady Stanley, Ottawa; J. D. Grant, Galt Hospital; Mrs. C. Helles, St. Michael's Toronto; E. C. Harris, St. Luke's, Ottawa; E. M. Hartley, Western Hospital, Toronto; Pauline Martignoni, Royal Alexandra, Fergus; C. Mackenzie, Galt Hospital; Lena A. Snow, Lady Stanley, Ottawa; E. J. Shanks, H. S. C., Toronto; M. Urquhart, Hamilton City; C. Vandewater, Worcester, Mass.; Mrs. J. T. Taylor, Western, Toronto.

WE are permitted to make a few extracts from the recent Report of Miss Snively, Superintendent of the Training School for Nurses, Toronto General Hospital. The number of graduates, trained in the Toronto General Hospital Training School for Nurses, is now

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four hundred and ninety-eight. During the year two of this number have died, twelve have married, and twenty-five have received appointments. Miss Jessie Scott, a member of last year's class, who has been a valued assistant in this Training School for over a year, has been appointed Superintendent of the General Hospital, Calgary, Alta. Although we regret losing Miss Scott, we congratulate her most sincerely upon her present appointment. Miss M. A. B. Ellis, Class of 1907, takes the place of assistant in this School. Additional appointments are as follows: I. M. Brown, Superintendent Royal Jubilee Hospital, Kenora, Ont.; C. Mitchell, Superintendent Mission Hospital, Vegreville, Alta.; I. Moodie, Superintendent Good Samaritan Hospital, Dawson City, Yukon.; H. Lawson, Head Nurse Good Samaritan Hospital, Dawson City, Yukon; I. Burkholder, Head Nurse Good Samaritan Hospital, Dawson City, Yukon; E. Davidson, Superintendent McKellar Hospital, Fort William, Ont.; J. Hopkins, Assistant Superintendent McKellar Hospital, Fort William, Ont.; L. Harper, Superintendent General Hospital, Parry Sound, Ont.; M. Jackson, Superintendent General Hospital, Cobalt, Ont.; E. C. Gordon, Superintendent Private Hospital, Pueblo, Col.; M. C. Bradley, Superintendent Private Hospital, Welland, Ont.; K. Rose, Assistant Superintendent Memorial Hospital, Niagara Falls, U.S.A.; M. Dougal, Assistant Superintendent Marion Sims Hospital, Chicago, Ill.; E. C. Jones, Assistant Superintendent Visiting Nurse Society, Philadelphia, U.S.A.; Mary Smeeton, Superintendent Visiting Nurse Society, Philadelphia, U.S.A.; J. Neilson, Tuberculosis Visiting Nurse Society, Toronto.; Lillie Lindsay, Head Nurse, Burnside.; M. Allen, Head Nurse Lakeside Hospital, Cleveland, Ohio.; A. V. Sinclair, McDonald College, St. Anne de Bellevue, Quebec.; Julia Stewart, Office Nurse, Toronto.; Maud Brown, Private Hospital, Toronto. Lottie Lawson and Mary Switzer have been appointed missionaries by the Foreign Mission Society of the Methodist Church in Canada, and expect to sail for China September next. Both of these nurses will work in hospitals in that country. This has been a notable year in the history of the School, in as much as since our last report the School has been cheered and greatly stimulated by the addition of four valuable Scholarships, three of \$50 each and one of \$25. The scholarship in the senior year of \$50, to be known as the C. C. Scholarship; Intermediate year, \$50, presented by Mr. W. T. White, to be known as the Mrs. W. T. White Scholarship, and in the Junior year, \$50, to be known as the Arthur McCollum Memorial Scholarship, presented by Mrs. Charles Kyle. All of these are to be awarded for proficiency. The Scholarship of \$25 in the Intermediate year for deportment and ethics, was presented by Mr. John C. Durham.

THE Victorian Order of Nurses, Toronto Branch, has appointed a nurse to have charge of a new department for the care of tuberculous patients. Physicians are requested to notify the V. O. Nurse

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THE Montreal General Hospital receives a legacy of \$5,000 by the will of the late Sir Robert Reid, of Newfoundland. The Western Hospital and the Victorian Order of Nurses likewise receive \$2,500 each.

A MEETING of the Executive Committee of the G. N. A. O. was held at the residence of Mrs. Arthur Paffard, 51 Poplar Plains Road, on Thursday evening, June 25th. There were present Miss Patton, Mrs. Paffard, Mrs. Roden, Mrs. Locke, and Misses Mary Gray, Green, and Stewart. The principal work of the evening was the revision of the Constitution and By-laws of the Association. It is proposed to have these printed, with a list of the members, at an early date. It is hoped that the members will notify the secretary of the changes of address. The committee is much encouraged by the number of applications for membership which have been received since the annual meeting, especially by the large number of new members from Hamilton, and is planning a good campaign in early autumn.

THE many friends of Miss Whittaker, Superintendent of Nurses in the Northern Pacific Hospital at Brainerd, were greatly delighted to see her again in Toronto last month. Miss Whittaker was a graduate of the class of 1886 (T.G.H.), and afterwards carried on her professional work in Winnipeg, she and Mrs. McPherson being the first trained nurses to work in that city. Later on these two Canadian nurses went to the City and County Hospital, St. Paul, and were very successful there. Miss Whittaker has now been the highly-esteemed Superintendent of Nurses at the Northern Pacific Hospital at Brainerd for about eighteen years, and has on this brief visit of a fortnight, as the guest of Mrs. McPherson, cemented old friendships and made new ones. She thought she would like to see the old T. G. H. once more, before it passed away and gave place to a new building, and expressed more than once her pleasure at the many improvements both in the Hospital and the city.

MISS JULIA F. STEWART (T.G.H.) has rented a cottage bearing the charming name of "Bracken Hill," at Port Sydney, Muskoka, for July, August, and September. Several prominent members of the Nursing profession and their friends are planning to spend the vacation at "Bracken Hill," and Miss Stewart will be glad to hear of others.

MISS MCINTOSH (J.H.H.) has gone to Point au Baril, Georgian Bay, for the summer. She will take charge of a number of convalescent patients, who will enjoy the tonic breezes of Georgian Bay, where it is never really hot.

THE graduation exercises in connection with the Royal Alexandra Hospital, Fergus, were held at the hospital on the evening



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of June 4th. The chair was ably filled by the Rev. J. B. Mullan, chairman of the Board of Directors. An excellent address was given to the graduates by the Rev. R. A. Hiltz, of Halifax, N.S. After a good musical programme and the presentation of diplomas and pins by Dr. A. Groves, Medical Superintendent, the guests adjourned to the tea room, where dainty refreshments were served by the nurses. Miss Agnes Mitchell, of Arthur, and Miss Mary Z. Brigham, of Allan Park, were the two graduating nurses.

THE Fergus Royal Aléxandra Hospital Alumnae Association gave their annual garden party on the Hospital grounds on Wednesday, July 1st. The grounds, which are well adapted for such, were beautifully illuminated, and the decorated booths presided over by the nurses in uniform made it a very attractive garden party. An orchestra was in attendance. The proceeds will be devoted to the Hospital. The Alumnae have already furnished a well-equipped preparation room in the Hospital, and have also presented a handsome operating table to the institution.

THE first reunion of the graduate nurses and house surgeons of Grace Hospital, in the form of a garden party, was held on the lawn of the nurses' residence, 216 Huron Street, on June 30th. Miss Patton, Superintendent, with Mr. E. R. Wood, Chairman Board of Governors, and Senator Geo. A. Cox, received the guests in the parlors of the Nurses' Residence, which were profusely decorated with large bunches of marguerites. When the guests, to the number of about two hundred, assembled on the lawn, the House Surgeons, Drs. Dawson, Cannon, and McClure, were presented with their certificates. Miss Adeline Watt received her diploma, the Wismer medal, school-pin, and pin for massage, also the \$20.00 in gold presented by the Board of Governors to each graduate. Miss Mary Costello, of the Ross Memorial Hospital, Lindsay, was presented with her diploma. Miss Costello is the first nurse to take a post-graduate course in obstetrics at Grace Hospital. Dr. Palmer gave an address on behalf of the staff to the graduates, and Dr. E. K. Richardson to the House Surgeons. In the evening the members of the Medical and Surgical Staffs entertained the guests to a moonlight on the Modjeska. A very enjoyable afternoon and evening were spent, and it is hoped that this first reunion may be productive of good results in bringing the graduates together, if not annually, at least every five years or so.

THE Graduation Exercises of the Western Hospital, Bathurst St., Toronto, took place on June 25th at three p.m., at the Hospital. The graduation exercises were very much enjoyed by the nurses and their friends, and reflected great credit on the Board of Governors and the Medical Staff, especially the new Superintendent, Miss Woodland, who has already won golden opinions and possesses the goodwill of everyone. The Board of Governors and the Ladies' Board gave a garden party in the hospital grounds, where tea and

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ices were served, the table being decorated with carnations. An orchestra played under the trees. Some of those present were: The Hon. Thomas and Mrs. Crawford, Dr. and Mrs. A. A. MacDonald, Mr. and Mrs. H. C. Tomlin, Dr. and Mrs. Ferguson, Dr. and Mrs. McCullough, Dr. and Mrs. Young, Mrs. W. J. Wilkinson, Miss Wilkinson, Mr. and Mrs. McGillivray Knowles, Dr. and Mrs. Price Brown, Dr. and Mrs. Hay, Dr. Shore, Mr. and Mrs. Kent, Mrs. Andrew Darling, Mrs. Jean Blewett, Dr. and Mrs. Bruce Smith, Dr. Stowe-Gullen, Mrs. Stowe, Mrs. Langlois, Mrs. Woodland, Mrs. Denison, Mrs. Wilson, Mrs. E. H. Sharpe, Mrs. Carey and Dr. and Mrs. Hunt. The list of graduates is as follows:—Misses Helen Baker, Maud Cook, Minnie Misener, Elizabeth McArthur, Minnie Rogan, Maple Stroud, Saidee Jackson, Margaret Ward, Isabella Hanna, Ella Drysdale, Jennie Leach, Kathleen McMurray, Lena Davis, Beatrice Wilson. The gold medal for bandaging was awarded to Miss Helen Baker, Miss Maud Cook received the prize for the best written paper on surgery, and fourteen nurses received certificates and pins. This is the first time in nine years that graduating exercises have been held in the Hospital, and on this occasion about two hundred people were present. In the evening the nurses held an impromptu dance.

MISS DELPHINA E. CAPLING, of Cannington, Ont., graduate St. Luke's Hospital, Newburgh, N.Y., resident nurse at Wellesley College Hospital, Wellesley, Mass., and Miss Annie Rebecca W. Moore, of Collingwood, Ont., graduate Collingwood General and Marine Hospital, and members Graduate Nurses' Association of Ontario, have gone to Philadelphia as students in the Pennsylvania Orthopaedic Institute.

MISS L. A. HORTOP, Assistant Lady Superintendent of Brandon General Hospital, Man., left on July 9th for her home, Brooklin, Ont., and it is her intention during her vacation to visit Quebec to see the Terecentenary pageant.

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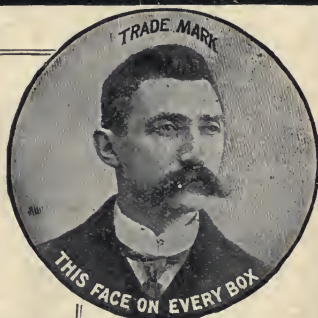
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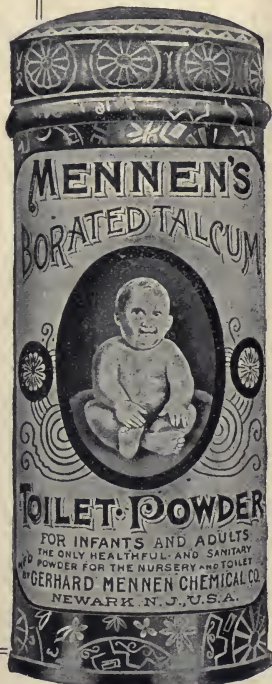
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MISS MINNIE MURRAY, V. P. H., is doing private nursing in California.

MISS STRONG, graduate of the L. S. I., Ottawa, is doing private nursing in Edmonton.

MISS DICKSON (T.G.H.) is in England and at present is residing in Eastbourne.

MISS GREER, graduate of V. P. H., recently visited friends at Sheffield Academy, N.B.

MISS MCCALLUM, Matron V. P. H., spent a few days at her home, in Charlotte Co., recently.

MISS BEATRICE PRUSSER, of Eaton Rapids, Mich., graduate of G. G. H., is spending her vacation at her home, Drayton, Ont.

DR. and Mrs. A. R. Gordon and Miss S. Carolyn Ross sail on Saturday, July 11th for Liverpool. Miss Ross will spend some time abroad.

MISS MARGARET WALLACE, a graduate of the same hospital, class, '07, at present staff nurse at Thessalon, Ont., will join Miss Cox at Quebec.

MRS. R. STRACHAN, of Fort William (Miss Gladstone, T.G.H.), spent a short time in Toronto last month, much to the pleasure of her many friends there.

MISS V. L. ERAUT, of Holly Road, Fairfield, Liverpool, has accepted an appointment at the Memorial Hospital, New York City, and will enter on her new duties at once.

MRS. CHARLES RICHARDS, of Woodstock, N.B., is spending a few days in Fredericton. Mrs. Richards (nee Miss Bolton) is a graduate of V. P. H., Fredericton, N.B.

MISS ANNA A. HAWLEY, Head Nurse at the Queen Victoria Hospital, Yorkton, Sask., is spending a month's holiday on the Indian reservation at Fort Pelly, Sask.

MISS BESSEY, graduate of the Guelph General Hospital (class '05), has been appointed Superintendent of the Berlin-Waterloo Hospital, and Miss Grierson (G. G. H., class '05), head nurse.

THE engagement is announced of Miss Elizabeth McLeod Patton, Superintendent of Grace Hospital, and Dr. Charles J. Currie, of College Street, Toronto. The marriage will take place in September.

MISS LANDRY, graduate Victoria Public Hospital, Fredericton, N.B., is now head nurse in the "Jewish Hospital," Brooklyn, N.Y.,

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and Miss Likely, graduate of V. P. H., is doing private nursing in Duluth, Minn.

MISS MARGARET C. GRANT (V.O.N.), Staff Nurse at the Victoria Hospital, Indian Head, Sask., has been appointed Superintendent of the Emergency Hospital at Arrowhead, B.C., a branch of the Revelstoke Hospital.

MRS. LILLIE H. MARSHALL, one of the instructors at the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Philadelphia, is going to Europe to study latest methods in mechano-therapy.

MISS EFFIE COX, a recent graduate of Queen Victoria Hospital, Yorkton, Sask., is doing most successful private work at Headingly, Man., a suburb of Winnipeg. She expects to leave the first part of July for a holiday trip to her home in Nova Scotia.

MISS CECELIA JACOBS, R.N., of Grassie, Ont., graduate of the New York Infirmary Class 1905, who has been doing private nursing in New York City, has accepted the position of Superintendent of The John Wells Memorial Hospital, New Brunswick, N.J.

MISS LAIDLAW, assistant nurse in the Fernie Hospital, returned on June 30th, after spending a very pleasant month's holiday on the Pacific slope. Miss MacBride, who has charge of Dr. MacSorley's private hospital at Michel, B.C., is in Winnipeg, spending her holidays with relatives and renewing old acquaintances.

THE Westerner writes from Fernie, B.C., that Miss Kidd, matron of the Fernie Hospital, had just left for Vancouver on a well-earned holiday. While in Vancouver, Miss Kidd will be the guest of Mrs. (Dr.) Corsann (of Fernie), who has taken a cottage there for the summer. During Miss Kidd's absence Miss McKibben, of the W. G.-H., will have charge.

By the way, the heart of the entire Editorial Board swelled with pride to see that one of the New York Journals had saved up our article on The Worsley House Club for a whole year and republished it in full in their last issue! Think of that! Picture post cards or other correspondence from all our travelling friends are most welcome at the office of THE CANADIAN NURSE.

MISS STANDEN, of Toronto, and Miss Isabel Stewart, of Winnipeg, are among the fortunate nurses in the full enjoyment of that great event of a life time, a trip to Europe. They both came and took a fond farewell of THE CANADIAN NURSE before they went, and we find it hard to do without them on this side of the sea, and are already looking forward to their return. Both ladies will probably stay in London at the Worsley House Club, 15 Clifton Gardens, Maida Vale, which is one of the most pleasant places a nurse could stay, and so very good for the nurse and the purse.

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MISS BARWICK, R.N. (J. H. H.), Registrar of the Toronto Central Registry, had the honor of being invited to address the Nurses' Registry of Cleveland, Ohio, on June 30th, on which occasion she was the guest of the Registrar, Mrs. Smith, who is also a Canadian, and a native of Oshawa. Indeed, there is a very distinguished circle of Canadian nurses in Cleveland, the best known of whom, in addition to Mrs. Smith, are Mrs. Hunter-Robb, wife of the well-known surgeon, Dr. Hunter-Robb (nee Miss Isabel Hampton, of St. Catharines, a graduate of Bellevue Hospital, first Superintendent of the Johns Hopkins Hospital Training School for Nurses, and this year President of the American Association of Superintendents of Training Schools), also Miss Ellis, Superintendent of the Lakeside Hospital; Miss Grace Hodgson, Night Superintendent; Miss Irwin, Superintendent of Probationers; Miss Jessie Christie, and Miss Allen, Head Nurses in the same celebrated Hospital. Miss Barwick was delighted by the beauty of Cleveland, where she was most hospitably entertained by Mrs. Hunter-Robb at the Union Club, and by Miss Ellis, Miss Darling, Miss Hodgson and others, and we are informed upon good authority that her address was a great success, and that the Cleveland nurses were equally delighted with her. This visit was quite an event and an honor, not only for Miss Barwick, but for the Canadian profession and especially for the Central Registry

BIRTHS.

ON June 1st, to Mr. and Mrs. Alexander Flemming a daughter. Mrs. Flemming is a graduate of V. P. H., Fredericton, N.B.

IN Fosston, Minn., U.S., on June 30, 1908, to Dr. and Mrs. Robert Turnbull, a son. (nee Clara Lundy, T. G. H.)

TO Mr. and Mrs. McArthur (Miss Murray, T.G.H.), at Bowmanville, a son.

MARRIAGES.

ON June 10th, at St. Peter's Church, Springhill, N.B., Miss Bessie Murray, of Kingsclear, N.B., to Mr. Frederick Everett, Fredericton, N.B. Rev. Canon Montgomery officiated. Miss Murray is a graduate of V. P. H. Mr. and Mrs. Everett will be at home to their friends at their residence, Westmorland St., Fredericton, N.B.

COURTICE—YOUNG.—On June 23, at the Parsonage, Thornbury, Mary Emma, daughter of Rev. and Mrs. Joseph Young, to Mr. F. E. Courtice, B.A.Sc., of Collingwood. The ceremony was performed by the bride's father, assisted by Rev. A. C. Courtice, the groom's brother.

JARDINE—ROSS.—At Lowville, Canada, on June 20th, 1908, Miss Annie Ross, graduate of Hamilton City Hospital, Canada,

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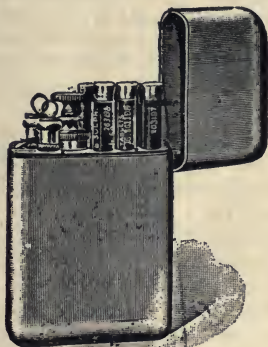
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DEATHS.

ON Monday afternoon, June 15th, in Caledonia, the remains of the late Ellen Hull were laid to rest in the Unity burying ground. Miss Hull was a graduate of the Western General Hospital, Montreal, of the September class of 1904. Nurse Hull's sudden illness and subsequent death has caused much sorrow throughout the village. She contracted pneumonia about June 10th, and weakened as her system was from recent nursing of the same malady, she was not strong enough to throw off the dread disease which resulted in her death. Miss Hull was the eldest daughter of Mr. and Mrs. Henry Hull. She was a nurse of unusual ability, and her kind and loving disposition made her much beloved by her patients.

The Editorial Board deeply regret the loss of one of their friends. She fell on the field of duty, a martyr to her profession.

The Nurse's Library.

The July number of the *Canadian Pictorial* will be a magnificent representation of Quebec and the Tercentenary.

The Psychological Clinic (Philadelphia), now in its second year, is invaluable, and indeed indispensable, to those who are interested in the children who are retarded in mental and moral development. These form from five to fifty per cent. of the school population.

It was welcome news to THE CANADIAN NURSE that Cassell & Company had come to Toronto. The imprint of that world-famous firm now reads; "London, Paris, New York, Toronto and Melbourne," as we find it in a book we are very glad to have, the Fourth Edition (already) of Sir Patrick Manson's "Tropical Diseases." Every word which we said of the First Edition is more true of this. It is fascinating in the interest of its story, and it is written by the greatest authority in the world on this subject. No thoroughly educated nurse who does work in the southern part of the United States, or in any tropical or sub-tropical climate, can do without it. Here we read of malaria, Malta fever, plague, heat stroke, cholera and many other things. Seven colored plates and over 200 other illustrations add to the value of the book. A great book.

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Her duties and responsibilities, including principles of economy in institutions. Price, \$1.00.

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By EDWARD C. REGISTER, M.D., Professor of the Practice of Medicine in the North Carolina Medical College, Chief Physician to St. Peter's Hospital, Editor of the Charlotte Medical Journal. Price, \$2.50.

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By J. SIM WALLACE, M.D., D.Sc., L.D.S., Hon. Dental Surgeon West End Hospital for Nervous Diseases and Assistant Dental Surgeon National Dental Hospital, W. Price, \$1.00.

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Why Worry? By G. L. WALTERS, M.D., of the Massachusetts General Hospital. Philadelphia and London: The J. B. Lippincott Co.

"The legs of the stork are long, the legs of the duck are short; you cannot make the legs of the stork short, neither can you make the legs of the duck long. Why Worry!"—*Chwang Tsze*.

We are much interested in presenting this book to our readers. It is a really useful book, and few nurses will feel that it is not a book for them. Our patients are so frequently the victims of "obsessions" that we must do all we can to study the subject of worry from a scientific point of view. We heartily recommend this work. The quotation gives a good idea of the spirit of the book.

ALL readers of this Magazine, who have not received a copy of "Women in Banking," written by Mrs. E. B. B. Reesor, and published in the *New York Bankers' Magazine*, will be given one upon application to the Crown Bank of Canada, 34 King Street West, Toronto. The article is illustrated with pictures of the special rooms set apart for women, and, as the privileges of using them and making this down-town Rest Room a meeting place for out-of-town friends or for consultations with their physicians has always been extended to members of the Nursing profession, it will be of interest to you to see what these apartments are like.

Publishers' Department.

SUCCESSFUL NURSING.—Success in winning a "case" back to health and strength very often depends upon the nurse's own state of health. Bovril has won a foremost place as a sick room diet—but its value to the nurse has been almost entirely overlooked. Nothing is at the same time so tasty, so easily prepared and so nourishing as a cup of Bovril. When professional duties prevent regular meals a cup of Bovril bouillon or a Bovril sandwich supplies the necessary nutriment and is quickly made.

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Therapy, Inc., 1,711 Green Street, Philadelphia, is making special efforts this summer to further the interests of its pupils. New building operations have been undertaken to increase the facilities for instructing students, extensive investigations will be made abroad this summer by several instructors to study the latest methods in mechano-therapy, and the staff of instructors will be increased in response to the growth of the school. The clinical facilities open to the students have more than doubled inside of two years, showing the opportunities for pupils to gain practical experience. The fall courses open on Oct. 8, 1908. Further particulars, with prospectus and application blank, may be obtained by addressing the Superintendent.—Max J. Walter, Supt.

In regard to the therapeutics of Hamamelis, of which Pond's Extract is admittedly the standard preparation, no better evidence can be brought forward than the statement of prominent medical authorities. For instance, Potter, in his well-known work on "Materia Medica, Pharmacy and Therapeutics," says: "Hamamelis is used with great benefit, both externally and internally, in cases of hemorrhoids (particularly those of the bleeding variety), varicose veins and ulcers, venous congestion and threatening local inflammations. It is highly recommended in hemorrhages from the nose, stomach, lungs, rectum and kidneys, and externally for sprains and bruises, foul ulcers, the pruritus of eczema, and catarrhal diseases generally."

The Canadian Nurse

A MONTHLY JOURNAL FOR THE NURSING PROFESSION IN CANADA

VOL. IV.

TORONTO, SEPTEMBER, 1908.

No. 9

PRIVATE NURSING IN PARIS.

Private nursing in Paris is rather a luxury in a way, that is, no nurse should come over here to try it without at least a small income, no matter how good the letters are she has to the doctors here from those she has nursed for across the water. The doctors are charming and willing to help us as much as they can, but they cannot make cases, and although we have a large American colony, they are people who travel, and are here for only a very small portion of each year.

The trained nurse depends largely on the tourists. There are only about thirty American nurses in Paris, and even they have not enough to keep them busy all the time; some of them prefer this, as it enables them to study French and to travel. I believe there are a hundred and sixty English nurses working here, but they are mostly employed by English doctors, and the English colony is large. The French doctors are just beginning to want American-trained nurses. When I say American-trained, I mean Canadian also, because our training in both countries is the same, and over here we are all known as Americans. We have no Nurses' Registry in Paris, and no hospital to help us out, although there is one in the course of construction. The nurses band themselves together in small numbers and usually rent an apartment, which they make homelike and attractive. I know of four charming apartments that American and Canadian nurses have here.

During the summer months it is surprising the number of women who come over and join us. They have all heard glowing accounts of the life abroad, and they want to try it. Even when we tell them of the months of idleness they may have they *will* stay, very often to return to America a few months later, wiser, and poorer, for expenses in Paris are rather high, and it costs a lot of money to live here. I do not wonder they feel like remaining in spite of all we say, for there is much to learn and see in this beautiful city, not in a nursing way, but so much history and beautiful pictures, statues, buildings and parks, that after a three years' hospital course and several years

of hard private duty, one becomes fascinated with beautiful trees, the lovely river, the museums, and hundreds of other things, and longs and hungers to rest a while, and snatch a few hours between cases to enjoy the beauties everywhere, the flower markets, the book stalls along the quays, or to drop into an old and beautiful church to rest in a quiet corner. When I do this I forget there is a world outside, it seems so peaceful to be there alone, thinking of the past and all that happened in that same quiet church. They are badly ventilated places, though, in spite of the wonderful stained glass windows and lofty ceilings. The parks and avenues, the little, narrow, crooked streets, the calls of the vendors, the queer double-decked trams, are all odd and attractive in their way, and while they hold us and we love them, they do not fill our pockets, nor do they supply our daily needs.

The past year has been an exceptionally poor one for nurses in Paris, even those who have been here for years and are well known have not done as well as in other years. I have come across several nurses who have not made enough to pay their expenses and who would willingly return to America if they had sufficient means to do it with. However, it is a splendid education for any woman to have a few weeks or months over here. I have been here for almost four years and, while it is dear to me and there is much to learn, my one thought is that Home and Canada are always waiting for me, and before long I shall find my way back to dear, beautiful Toronto, and to my friends, to remain with them always. This is my dearest wish, and to see the great future that is in store for Canada.

M. A. T.

SHOULD NURSES-IN-TRAINING BE PAID.

It is perhaps presumptuous of one whose experience of hospital methods was confined to three years' training to venture to criticize the existing order of things. But even in three years one may gain much food for reflection, and form many opinions, which may or may not be correct.

To tell the truth, I have somewhat the same exhilarated feeling as the small boy has, who, safe from the parental eye, wields a brand new hatchet. Only I hope that I may strike with more discretion and better reason than is usually displayed by small boys.

In this paper I intend to enter a protest against the "non-payment" system which has been adopted by a good many of the larger training schools. Those in its favor contend, I believe, that it shuts out an undesirable class of women; that the providing of uniforms, books, etc., more than makes up for the

lack of payment; and that nursing is thus raised from a commercial to an educational standpoint. No mention is made of the saving to the hospital, which undoubtedly must be very great. If the second contention were true, it would disprove the first, but it is not true, as I will prove later.

Granted that the first contention may be true in some instances, the "non-payment" system also shuts out a great many well educated and desirable women, to whom some remuneration is absolutely essential. There are many women, not wishing to be a burden on their people, to whom nursing offers a way to a useful independence, women who shrink from office work, or the various forms of domestic slavery open to gentlewomen, such as companion, or nursery governess, or "lady help," and these women cannot afford to work for three years for nothing, and yet many of them would undoubtedly make excellent nurses.

Again, this system encourages the class of "dilettantes" who enter the training school merely because of ennui, or to escape unpleasant conditions at home, or for a fad, or from some purely sentimental idea of the beauty or nobleness of the life, who are ready to pack up and leave at the first show of authority or hint of anything disagreeable. Surely women to whom the training means present existence and future bread and butter will be more careful and more in earnest about their work, and try harder to please than those to whom it is a matter of indifference whether they remain or not.

It seems that the chief qualification for entrance should be an educational one, and that her aptitude and fitness for the work should determine whether the probationer be kept or not. This qualification would be a barrier against undesirables, while not closing the doors against the needy gentlewoman.

That the second contention is not true I know very well. There are many nurses who have kept themselves in irreproachable uniforms, bought their books, and yet had not a cent more than the eight or ten dollars a month, or whatever it was they received. Others of course could not do it. As in everything else, it depends upon the individual. But it can be done, for it has been done over and over again, and, further, I cannot see that those who are independent need object to taking money that is certainly well earned.

It may be argued that the hospital pays for untrained work and that the knowledge the nurse gains is more than payment for her work, but is it? The work does not remain untrained for very long, and, trained or not, where would the hospital be without the nurse-in-training? It is the opinion of many that the hospital gains more in the long run than the nurse, who leaves the hospital with a diploma and a certain amount of knowledge it is true, but very often with shattered health and nerves.

What mistress would dare to suggest in these days of domestic anarchy, that a servant, even the most ignorant and inexperienced, should come to her for training alone? She might, it is true, settle on a small wage at first, to be increased as the usefulness of the servant increased.

The way that many hospitals manage seems to be the most rational way—that of having a scale of payment. The probationer receives nothing, but when the nurse's training begins to count, as it certainly does in a few months, she is paid accordingly, and as the responsibility and usefulness grow the payment is increased.

The hospital must gain tremendously by the training-school system. It would be impossible to obtain the same amount of hard physical work from graduate nurses, and there could be no guarantee of their remaining, as there is with the undergraduate nurse, who will endure anything rather than lose the chance of winning her diploma, especially if she has been a good many months in the hospital.

There would probably not be the dissatisfaction there appears to be now over the three years' course if the nurses were well paid.

It certainly does not seem right or businesslike to reap the benefit of three years of hard work and give no return for it. It will be argued that the nurse reaps the benefit afterwards, but generally she is too worn out to work for many months after her graduation, and this enforced holiday is often a very expensive loss of time.

There is no class of men who would submit, even for a large salary, to such long hours as the average nurse-in-training, or, relatively would work as hard. It is no exaggeration to say that often nurses-in-training have been on duty for twenty-four to twenty-eight hours without sleep, and that for days together they have had an average of four hours' sleep a day, and yet are supposed to do responsible work. It can be done, of course, but at what a cost to the woman's future health the hospital authorities either do not know or care. The nurses endure this state of things because it does not last forever, and they are afraid to protest, for fear of being dropped and losing the coveted diploma. But it appears that a change must come in the near future, as the number of applications is rapidly decreasing, and something will have to be done to encourage women to enter this field of work, where the demand for them is so great, and which seems to be specially fitted for women of intelligence and education. It is certainly no inducement to feel that one may give three good years of hard work to the hospital in return for a training which promises to be the means of independence, only to find at the end of the course that one is a wreck, physically, and sometimes mentally. It looks as though those in

authority care nothing for the future welfare of the nurse, so long as they can get the maximum of work from her during the three years she is forced to spend under their care.

And now for the third point. It is perfectly true that nurses are being taught much more than formerly, but how much good it does is a matter for the future to decide. That the present-day nurses are any better qualified for responsible work than those who graduated ten years ago is very doubtful. Indeed, it seems to me that the modern nurse could learn many valuable lessons in *nursing* from the older graduates.

The mere head work cannot count so much, for the reason that few nurses are fit for studying after a long day's work. I admit that the more a nurse knows the greater will be her usefulness, but is it reasonable to expect a woman to do sixteen hours' work in twelve and then to be ready to study the chemistry of foods or to estimate calories? If nurses want to specialize, well and good. But let them do it after they learn how to care for sick people, and this they learn not out of books, but in the wards. Let them spend the first years in the wards and then in the final year learn any of the special branches of nursing they may elect to study. But while they are studying, let their actual physical labor be much less arduous than before.

I may be mistaken in thinking that the hospital saves money by the "non-payment" system, but the fact that many nurses can get along very comfortably on ten uniforms and a dozen aprons in three years would suggest that there must be a considerable amount of money saved.

We will suppose that each uniform costs five dollars, and allow thirty dollars for books, aprons and caps. That would be eighty dollars for the three years. If the payment were even only ten dollars a month it would mean a saving of two hundred and eighty dollars for every nurse. So that for a staff of sixty nurses the amount saved would be sixteen thousand eight hundred dollars, much more than would pay the salaries of the special teachers now employed by the hospital boards.

It is true that the nurses are better housed and better fed than formerly, but as the residences are generally the gift of some philanthropist, it costs the hospital nothing, except for maintenance, and as for the food it is only right that the women who are expected to do such vitally responsible work should be well cared for in the matter of diet.

A. E. B.

OTHER educational institutions are expected to improve their conditions, and there is no reason why the public should not demand the same of nursing schools. It really seems that the time has come when ancient regulations (such as twelve-hour duty) will no longer be tolerated and we will be compelled to abolish such and substitute modern organization.—*M. Helena MacMillan.*

LOYALTY.

We very often hear nurses speaking in a dissatisfied tone of the hospital in which they have received their training, and start into the nursing field with the expectation of obtaining success purely on the strength of their diploma; or perhaps they may choose to lengthen their course by a post-graduate course, giving it the full credit of any knowledge they may have acquired, forgetting that had they not taken the first training they would not have been permitted to take a post-graduate course. If during this period we do not speak loyally of our hospital, superintendent and sister nurses, we cannot expect to meet with the same respect as would otherwise be shown us. If a nurse has made good use of the time spent in training, let it be two or three years, as the case may be, she has obtained valuable knowledge. The same principles hold good in making a bed, poultice, or giving a sponge bath, douche, or saline enema, in a hospital accommodating sixteen patients, as in a hospital accommodating one hundred and sixteen patients.

By being disloyal to our own training school we are standing in the way of our advancement and should not expect success. Mrs. Smith, or Jones, who has overheard a nurse speaking disloyally of her training is not likely to seek after her to nurse her husband or child, let her be ever so efficient a nurse. We must speak truthfully, and if a nurse speaks loyally of the hospital lecturers and superintendent from whom she has received her training she will be admired by her friends, and they who perhaps have not too high an opinion of the hospital in which she trained will in time be persuaded to think well of the institution. Loyalty is one of the secrets of a nurse's success. The custom followed by so many pupils and also graduates, of addressing one another by the surname is unwomanly, undignified and disloyal. Do we ever hear a doctor speak to a nurse or a brother physician as "Smith" or "Jones"? Does he ever fail to use the professional title?

There could be no question of disloyalty on the part of doctors toward nurses if nurses stood solidly together in their loyalty towards each other. No man can practise medicine among the best people and be in such bad repute with the nurses of his community that he cannot get one of them to take his cases. In the same proportion that a nurse depends upon the doctor for her work, the doctor depends upon the nurse for the success of his cases. When nurses are as loyal to each other as the doctors are to each other, then the doctors will be obliged to be loyal to the nurses, as the nurses are now to them.

This question of loyalty needs to be given greater attention in the training schools, both by precept and example, and should

also be taken up in the alumnae associations, and when a member is shown to have been disloyal to a sister nurse it should be met with disapproval from the association.

MARY H. FOGARTY.

Riverdale Hospital, Toronto.

A GREAT BANQUET.

The banquet to Miss Isla Stewart, President of the Matrons' Council of Great Britain, and for twenty-one years matron of St. Bartholemew's Hospital, which took place in the Georgian Hall of the Gaiety Restaurant, certainly ranks with the greatest public events in the history of the nursing profession. As the *British Medical Journal* says, the dinner differed from other great occasions of the kind only in the fact that there were more present than in the majority of dinners, and three-fourths of the guests were ladies.

All our British contemporaries have interesting accounts of the proceedings, but we are especially indebted to the greatest of them, *The British Journal of Nursing*, for the following account: Mrs. Bedford Fenwick presided, and all the leaders of the nursing profession were present, among others, M. Andre Mesureur, *Chef du Cabinet du Directeur de l'Assistance Publique*, Paris, Mme. Alphen Salvador, President-Foundress of the Nursing School in the Rue Amyot, who also came specially to London to show her appreciation of Miss Stewart's work, Mr. and Mrs. Harrison Cripps, Dr. and Mrs. Champneys, Dr. Bedford Fenwick, Dr. de Courcy Wheeler, from Dublin, Dr. Kerr, Medical Officer, London County Council, Miss Keer, Matron-in-Chief, Q.A.I.M.N.S., R.R.C., and Miss Sidney Browne, late Matron-in-Chief, R.R.C., Miss Finch, Matron University College Hospital, Miss Cox Davies, the newly-elected President of the Bart's League, Matron of the Royal Free Hospital, Miss Helen Pearse, Superintendent of School Nurses under the London County Council, Miss Musson, Matron of the Swansea General Hospital, Mrs. Kildare Treacy, of Dublin, Miss Courtenay Smith, Miss Oram, Q.A.I.M.N.S., R.R.C., Mr. Hayes, Clerk to St. Bartholomew's Hospital, the Lady Hermione Blackwood, Miss Barton, Matron Chelsea Infirmary, Miss Todd, Matron Wandsworth Infirmary, Miss Milne from Philadelphia, Miss Villiers, Matron Fountain Hospital.

After toasts to the King and Queen and the Royal Family, came the toast of the evening, "The Health of the Guest of Honor," proposed from the chair, by Mrs. Bedford Fenwick; and the presentation of an illuminated address.

Mrs. Fenwick said:

Dear Isla Stewart, our Guest of Honor, Ladies and Gentle-

men,—We have met together this evening to offer our united congratulations to Miss Isla Stewart upon having attained her majority as Matron and Superintendent of Nursing at St. Partholomew's Hospital, and also to convey to her something of the appreciation of the Nursing Profession at large, that, during a record of nearly thirty years' devoted work for the welfare of the community, she has been for all that time a bright example to the nurses of the world.

Mrs. Fenwick gave a dramatic and interesting outline of Miss Stewart's career, alluding to her Highland descent, her apprenticeship at "Bart's" as a Nightingale probationer, and her steady progress in her work until she became sister. In 1885, during an epidemic of smallpox, she had charge of the Camp at Darent, where there were one thousand smallpox patients. Finally, in 1887, she was appointed the successor to many generations of nursing brothers and sisters, who, for eight hundred years, have followed the pious Founder, "Rahere." "How she has graced that lofty position, how far-reaching has been her influence for good, what of respect and affection she has won, the majority of those here to-night know full well."

Continuing, Mrs. Fenwick described Miss Stewart's services to the profession as a whole, especially in regard to State Registration. "As a public servant, Miss Stewart deserves all praise, but it is her own self we warmly love." The address was then presented in these words:

"We, the members of the Matron's Council, welcome this as a fitting opportunity to offer our congratulations on your long and successful career. Your high character, unfailing courtesy, and large-minded tolerance have secured for you the respect and esteem of all connected with the nursing profession. As an evidence of our affectionate regard we beg you to accept this Address, with our best wishes, and our earnest hope that you may long be able to continue your important work."

Then came the toast:

Ladies and gentlemen, I give you the Toast, "Isla Stewart. Long life to her, health, honor, and happiness."

The toast was received with enthusiastic acclamation.

A number of exquisite floral tributes were then presented to Miss Stewart, a specially graceful and charming intrelude.

For the Matrons' Council, Miss Rogers brought an exquisite bouquet of Souvenir de Malmaison carnations, tied with turquoise ribbon. For the National Council of Trained Nurses, in place of Miss Forrest, Miss H. L. Pearse presented a bouquet of pure white roses, tied with green ribbon. The offering of the Society for the State Registration of Trained Nurses was made by Miss Huxley. It consisted of a beautifully arranged basket, containing masses of magnificent scarlet geraniums, corn-flowers, and white sweet peas, and tied with the national colors, red, white, and blue. The Scottish Registration Committee sent a lovely bouquet of

salmon-pink Eckford sweet peas, tied with ribbons to match, and in the unavoidable absence of Miss K. L. Burleigh, Miss Appleyard, formerly a warm supporter of the Registration movement in Scotland, gave it to Miss Stewart.

A most splendid basket containing that pearl of roses, the beautiful and fragrant Mme. Chateney, and sprays of exquisite heliotrope, was the gift of the Sisters of St. Bartholomew's Hospital, the presentation was made by Miss Mabel Sleigh, Sister of Lucas Ward, but the assistance of a mere man was necessary to carry this magnificent trophy up the room. The nurses of St. Bartholomew's also sent by Miss Graham a charming bouquet of pink carnations and white heather tied with white satin ribbon. Miss Julia Hurlston, Senior Member of the Registered Nurses' Society, presented on its behalf a bouquet of choice roses. Perhaps the most *distingue* of all was a shower bouquet given by Mme. Alphen Salvador, of the roses of France, tied with the colors of France. This again was composed of the exquisite French rose, Mme. Chateney.

The Chairman then announced that M. Andre Mesureur would confer a signal honor on Miss Isla Stewart, and that he was commissioned to convey to her a special medal from the *Assistance Publique* of Paris.

Miss Stewart's reply was by turns historical, eloquent, humorous, and courageous. It showed all the great qualities which have made her what she is. We regret that our space will only permit of printing her closing words:

"The charm of a nurse's life is its acute human interest, and this is much more the case with a Matron; for in her staff she deals mainly with the young. Colonel Pendennis, that inimitable world-worn cynic, said to his prig of a nephew, "I take my time from young men," and Ibsen told us, as a threat, that the young were knocking at the door. It is to the young that the world belongs, because they can wait. It is in the training of the probationers, in watching their development, that the Matron gets her chief pleasure; it is in association with them that she keeps her youth. It is in dealing with their faults that she finds need of tolerance, and encouraging their efforts that she needs a wide mind, for if she gives much she receives more.

"Before sitting down, I must again thank the Matrons' Council of Great Britain and Ireland for the great honor they have done me. We have done much good work in the past, and I see very strenuous busy years in the future when I hope we will work with the same good fellowship.

"To you all who have come to pay me the compliment, I kiss my hands."

"The Nursing Profession," and "The Guests," were duly honored, and Mme. Salvador was presented with a beautiful bouquet of English roses, by Mr. F. B. Fenwick, on behalf of the International Council of Nurses.

So closed a memorable and even wonderful scene.

THE AMERICAN HOSPITAL ASSOCIATION.

Attention is again called to the Convention of the American Hospital Association, which begins in Toronto, September 29th, and continues four days. This date is one week later than formerly announced, the change of date having been made necessary because of local conditions. This Association is composed of representatives of the hospitals of the United States and Canada—hospital superintendents and trustees. Within the last year its membership has increased almost fifty per cent., and the Toronto convention will undoubtedly be the largest and most enthusiastic in its history. It is the first meeting that has been held in Canada, and as many years will probably elapse before Canadians will again have the opportunity of entertaining the Association, it is hoped that hospital superintendents, trustees, nurses, physicians—all who are interested in the care of the sick—will take advantage of this opportunity of hearing and seeing and meeting the hospital leaders of the two countries.

The programme, which we append, is splendidly educational and inspirational.

The King Edward Hotel will be the official headquarters of the convention.

Mr. John Ross Robertson, First Vice-President of the Association, will give a reception to the visiting members and friends at the Nurses' Residence of the Hospital for Sick Children. Friday afternoon will be devoted to visiting the hospitals of the city.

All sessions are open to the public, and nurses are urged to make their plans to attend as many of the meetings as possible. Following is the tentative programme:

"The Inspection of Nurse Training Schools: Its Aims and Results"—Miss A. L. Alline, Inspector of Nurse Training Schools, N.Y., State Education Department; "Some Problems of the Training School for Nursing"—Miss M. A. Nutting, Director, Department of Hospital Economics, Teachers College, Columbia University, N.Y.; "Relation of the Training School to Hospital Efficiency"—Miss C. A. Aikens, Associate Editor, *The National Hospital Record*, Detroit; "Report of the Sub-Committee on the Training of Nurses"—Rev. A. S. Kavanagh, D.D., The Methodist-Episcopal Hospital, Brooklyn, N.Y.; "Report of Sub-Committee on Hospital Efficiency, Hospital Finances, and the Economics of Administration"—E. S. Gilmore, Wesley Hospital, Chicago; "A Layman's View of Hospital Work"—J. Ross Robertson, The Hospital for Sick Children, Toronto; "The Visiting Committee as an Aid to the Safe Conduct of Public Hospitals"—Mrs. George S. Bixby, New York City Visiting Committee of the State Charities Aid Asso-

ciation; "Problems in the Management of Small Hospitals"—Theo. R. MacClure, M.D., Solvay General Hospital, Detroit; "Some Scientific Aspects of Hospital Management"—John A. Hornsby, M.D., Michael Reese Hospital, Chicago; "Trained Housekeepers"—Miss M. U. Watson, Director, Home Economics Department, Macdonald Institute, Guelph, Canada; "The Relation Between the Superintendent and the Staff"—Miss E. McL. Patton, Grace Hospital, Toronto; "Report of Sub-Committee on Uniform Accounting"—C. Irving Fisher, M.D., Presbyterian Hospital, New York; "Note on the Enrollment of Government Indian Ladies as Nurses"—J. Edward Stohlmann, Jr., The German Hospital, Brooklyn, N.Y.; "Co-operation in Dispensary Work, as Exemplified by the Association of Tuberculosis Clinics of New York"—James Alex. Miller, M.D., President, the Association of Tuberculosis Clinics of the City of New York; "Report of Sub-Committee on Out-Patient Work"—John M. Peters, M.D., Rhode Island Hospital, Providence; "Out-Patient Work at the Massachusetts General Hospital"—Frederick A. Washburn, M.D.; "Out-Patient Work at the Worcester City Hospital"—Thomas Howell, M.D.; "Out-Patient Work at the Massachusetts Homeopathic Hospital"—W. O. Mann, M.D.; "Report of Sub-Committee on Hospital Construction"—J. N. E. Brown, M.B., Toronto General Hospital; "The Municipal Hospital Architecture of the City of New York"—Raymond F. Almirall, Architect, New York City; "The Planning and Construction of Hospitals for Smaller Cities and Towns" (Illustrated)—Meyer J. Sturm, Architect, Chicago; "Report of Sub-Committee on Medical Organization and Medical Education"—Joseph B. Howland, M.D., Massachusetts General Hospital, Boston; "Infectious Diseases in General Hospitals: Their Proper Control from the Standpoint of Sanitary Science"—Robert J. Wilson, M.D., Superintendent of Hospitals, Department of Health, City of New York; "The Hygiene of Infectious Diseases in Medical Wards"—D. L. Edsall, M.D., Professor of Therapeutics and Pharmacology in the University of Pennsylvania; "Hospital Treatment of Contagious Diseases"—Charles Sheard, M.D., Medical Health Officer, Toronto.

HURRY.—No two things differ more than hurry and dispatch. Hurry is the mark of a weak mind, dispatch of a strong one. A weak man in an office is like a squirrel in a cage—is laboring eternally, but to no purpose; like a turnstile, he is in everybody's way, but stops nobody; he talks a great deal, but says very little; looks into everything, but sees into nothing, and has a hundred irons in the fire, but very few of them are hot, and with the few that are he burns his fingers.—*Colton*.

Clinical Department

MAKING THE PATIENT COMFORTABLE.

The difference between comfort and discomfort, both in sickness and in health, lies mainly in attention to a great many little details, many of which may seem very trivial. Early in a nurse's career she needs to be taught that there is nothing that concerns the comfort of a patient that is small enough for her to be careless about. She needs to be thoroughly impressed with the idea that a mechanical adherence to orders is far from being enough; that the comfort of the patient is her first and last consideration. Her whole nursing career should be a progression in regard to this matter. It matters little if she can "say her bones" perfectly; if she can take one hundred per cent. in an examination in embryology; if she has mastered the secrets of chemistry and is in every way a brilliant student. The main question after all as regards a nurse is, "Does she know how to care for the patient intelligently and keep him as comfortable as possible, in body and mind?" She who is able to buoy up a patient's spirits, keep him happy and contented in spite of adverse circumstances, and remove all causes of discomfort as far as possible, has gone far toward making him well. Much more emphasis and teaching, both theoretical and practical, might profitably be given to this point in training nurses, especially during their first year, when nursing habits are being formed.

The trouble with a great many young nurses in regard to this matter is not that they are not willing to exert themselves, but that their attention has not been especially called to this point, and unconsciously they develop mechanical habits.

A serious surgical case might be taken as a typical case, one that affords splendid opportunity for the nurse to show what she can do to relieve general discomfort. A class of nurses were asked recently what they considered the most necessary of all things in the care of an ordinary laparotomy patient, immediately after operation. They gave a variety of replies. One thought warmth was the most necessary thing; another that the withholding of water was of paramount importance; another thought bathing the face and hands should come first, while a fourth suggested that the watching of the temperature and pulse was as important as anything else could be, if not more so.

While agreeing that none of these measures should be neglected, it was finally decided that rest was the most immediate of all necessities for the recently operated case. A large number of the ills of mankind would promptly right themselves, if people knew how, or were willing to secure rest for the affected part.

The best ways of securing rest must be to a degree matters of study with each individual patient and will vary with the nature of the ailment, but there are general principles which apply to sick people in general, which are often overlooked or ignored. To begin with, the nurse must be a restful, comfortable sort of person to have around. She must be sure that she herself, by her carelessness, thoughtlessness, or awkwardness, is not adding to the discomfort of a weak, sensitive patient.

Most patients will rest more comfortably in a room with a subdued light, one that is neither too warm nor too cold. It is really far more important that the light be shielded from the eyes of some patients, than that all the window shades in the ward should always be the same height; but, unfortunately, the young nurse who is reprimanded for having the window shades in her ward awry, is apt to get the impression that the appearance of the ward is of more importance than the comfort of the sick.

The observant, well-trained nurse will not jar the bed needlessly, and will neither be guilty of sitting on it herself nor allowing others to do so. She will protect the patient from his friends as far as need be—often one of her most difficult duties.

She will be skilful in the use of pillows to relieve strain or give support to an aching part. Unless one has had a chance to experiment with pillows *ad lib.*, it is hard to realize the numberless ways in which small pillows can be used in the course of one day, to add to an invalid's comfort. Half a dozen can be used to advantage around an ordinary patient. In an up-to-date private sanitarium, fitted up not at all for display, but with a view to securing the utmost comfort for the sick, five little pillows, varying in size from 9x12 to 12x18 inches, were supplied for every room, beside the usual two large pillows.

The proper care of the mouth of a post-operative patient is important, more especially if nausea is prolonged. Most nurses are familiar with the different measures for relieving the nausea resulting from anesthesia. In the sanitarium referred to a part of the nurse's duties in preparing for the patient's return from the operating room was to have on the table by the bed a small basin of vinegar and some small squares of gauze. Inhalation of vinegar was regularly practised when there was any decided tendency to nausea. Lavage is practiced in quite a number of hospitals in severe cases of vomiting. In many cases good results have been obtained by allowing the patient to drink slowly a cupful of hot water, which, when ejected, brought with it a great deal of the mucus and other disturbing substances.

Much discomfort is often caused by a too tight bandage, which a little attention on a nurse's part will promptly relieve. Probably every nurse knows how uncomfortable crumbs are in a bed, but, in a hospital, particularly, all nurses are not careful to do the best they know, and much unnecessary discomfort is caused

by these minor nuisances. Thoughtlessness is responsible for much more discomfort than many pupil nurses would be willing to admit. They mean well, but somehow they are often the cause of real discomfort. For instance, a superintendent passing a private room door one morning heard a deep sigh or moan of distress, and stepped in to inquire the cause. The patient was very weak, with a miserable appetite, and the doctor thinking she might perhaps enjoy her meals more, had ordered her propped up for as long as she was eating. The tray with the remains of the breakfast was still in front of her, though she had finished eating nearly an hour before. The nurse had forgotten all about her. She was off making the bed of a convalescent who was able to be up around the room, while the poor, weak, nervous woman was weary and faint and suffering from the cramped position she was obliged to keep for fear of upsetting the tray. It was a combination of thoughtlessness and poor judgment on the part of the nurse, who should have known that the sickest patients should always be attended to first, and that propping a patient up for fifteen minutes meant that she should be put back in bed at the end of that time.

When an infant falls and bumps his head and runs to his mother for comfort, her first impulse is to soothe it by rubbing; and all through life the simple rubbing with the human hand can be used to great advantage in relieving physical discomfort.

It is impossible to mention all the numerous devices for comfort that may be employed. The main thing is to impress pupil nurses with the thought that while rules are necessary, and the doctor's orders must be adhered to faithfully, the comfort of the patient is never to be lost sight of. She should never be allowed to forget that her success or failure regarding this point, and her ability to get along comfortably with difficult people, is of far more importance than the grade she makes in a written examination.

CHARLOTTE A. AIKENS.

THE KING'S NURSE.—Of the King's many loyal attendants, no one is more devoted to their royal master than the nurse who ever since his Majesty's last illness has been in constant attendance on him. Wherever the King goes she goes, and many are the letters that she receives from the Queen and Princess Victoria when they are separated from his Majesty. The King's nurse has received a unique honor. One day, not long ago, when she was binding his ankle, he said kindly, "Nurse, I have a present for you," and thereupon, as she knelt before him, he gave her the M.V.O. None other of her sex, adds the *Onlooker*, had received this honor before.—*The Nursing Times*.



NURSES.

Miss Janet Riddock, Rock Bay, B.C.; Miss Margaret Grant, Arrowhead, B.C.; Miss G. Macfarlane, Revelstoke, B.C.; Miss Jessie Swyres, Revelstoke, B.C.; Miss Selina McLean, Kaslo, B.C.; Miss E. S. Walker, Indian Head, Sask.; Miss Minnie Hance, Indian Head, Sask.; Miss Kathleen Houlihan, Melford, Sask.; Miss M. Hawley, Yorkton, Sask.; Miss M. G. Travers, Shoal Lake, Man.; Miss Martha Wallace, Thessalon, Ont.; Mrs. M. Towle, Thessalon, Ont.; Miss Sara Pepper, Copper Cliff, Ont.; Miss E. Bond, Copper Cliff, Ont.; Miss Agnes Dodds, North Bay, Ont.; Miss Margaret Lynnett, North Bay, Ont.; Miss Isabel Hutchinson, New Liskeard, Ont.; Miss Edith Hardy (Head), Vancouver, B.C.; Miss Kate Strang, Vancouver, B.C.; Miss Alice Franklin, Vancouver, B.C.; Miss Isabel McCullough, Winnipeg, Man.; Miss Edith Galloway, Winnipeg, Man.; Miss Edith Maxwell, Ft. William, Ont.; Miss M. Aldrich, Gravenhurst, Ont.; Miss A. Gilby, Toronto, Ont.; Miss L. Grey, Brantford, Ont.; Miss M. E. Hanna, Hamilton, Ont.; Miss C. O'Connor, Hamilton, Ont.; Miss Viola Wallace, Hamilton, Ont.; Miss Mary Greene, London, Ont.; Miss Minnie Fyfe, Stratford, Ont.; Miss Elizabeth Offord, Kingston, Ont.; Miss M. L. Millefont, Ottawa, Ont.; Miss Blanche Hulse, Ottawa, Ont.; Miss Kathleen Gilmour, Montreal, Que.; Miss E. Diplock, Montreal, Que.; Miss E. Pomeroy, Montreal, Que.; Mrs. M. E. Tyler, Montreal, Que.; Miss T. McDougal, Montreal, Que.; Miss Bates, Montreal, Que.; Miss C. Dawkins, Montreal, Que.; Miss Jessie Adams, Montreal, Que.; Miss M. Macdonald, Montreal, Que.; Miss E. Robinson, Montreal, Que.

(To be continued.)

A POST-GRADUATE course in District Nursing, four months, is given at one of the Homes of the Victorian Order of Nurses, either in Ottawa or in Toronto. For full information, apply to the Chief Lady Superintendent, 578 Somerset Street, Ottawa, or to the District Lady Superintendent, 206 Spadina Avenue, Toronto.

The
Guild of



Saint
Barnabas

"Je le pansay ; Dieu le guarit." [I tended him ; God healed him.]
—Ambroise Paré.

On Thursday, June 11th, being St. Barnabas' Day, the annual meeting of the Guild was held at St. James' Rectory at 8 in the evening. At the kind invitation of Miss Brent, the annual meeting is usually held at Lakeside Hospital, but owing to a number of nurses being unable to go, it was thought best to have an evening meeting at the Rectory. A very delightful evening was spent. Not many nurses were able to come, so many being on duty.

The meeting was more of a social gathering, it being the last one for the summer. The meetings will be resumed in October. Some business was discussed, more particularly a way to bring before nurses-in-training the Guild and its helpfulness. It is the general opinion that comparatively few nurses know of it and of the great help it might be to them. Naturally, it is harder for nurses in hospitals to attend meetings—lectures and classes take up so many evenings—but it is thought there are some who would be only too willing to avail themselves of the privilege of belonging to such a society if they knew of it and realized its importance; so for the sake of those whom it might help, it was decided that different members be chosen to visit the various hospitals in the fall, and, with the consent of the superintendents, speak to the nurses and tell them of the Guild.

After the business was concluded, refreshments were served, and the anniversary service read by Canon Welch.

It is hoped that in the fall the members will make a great effort to be present at the different meetings, if possible, and do their utmost to make the Guild more widely known, so that all may have the same chance of help and strength from being members of the Guild of St. Barnabas.

My Scallop-Shell of Quiet

*GIVE me my scallop-shell of quiet,
My staff of faith to walk upon,
My scrip of joy, immortal diet,
My bottle of salvation,
My gown of glory, hope's true gage;
And thus I'll take my pilgrimage.*

*Blood must be my body's balmer;
No other balm will there be given;
Whilst my soul like quiet palmer
Travelleth toward the land of Heaven;
My soul will be a-dry before,
But, after, it will thirst no more.*

—Sir Walter Raleigh.

THY CREATURES.

Preserve the strength of body and mind that I may always and equally serve the poor and the rich, the good and the bad, the friend and the enemy, for all of them are Thy creatures.

Let my reason be steady and sound, that I may well observe what is before me and truly surmise what is hidden. Let my mind not be confused and overlook what is present or go beyond that which can be actually seen and proved into the territory of the speculative, the invisible. For, fine and scarcely traceable are the border-lines of the great art in caring for the health and life of man.—*From the Prayer of an Egyptian physician.*

TRUE GOODNESS.

I look to the influence of the truly religious life not only for the strengthening of the nobler motives, but also for the bettering of some of the minor virtues and graces which contribute to win success. For indeed it is true of many forms of business, that success is very often due to the possession of those lesser qualities which make the every day intercourse of life in all its relations, gracious, tender and convincing, and what gives rise to failure is just the lack of these same characteristics. You may not have understood that I have been really talking of manners bad and good. Shall I surprise you now if I say that true goodness makes the acquisition of really gentle manners far more easy? May I add that in the general decay of manners, which is so sadly seen in young women of all classes amid the rush of our hurried life, the nurse has had her share, and yet, believe me, nowhere are the manners of the heart, and even of mere convention, more essential than in the long and often too familiar relations of nurse and patient. A woman once told me that she had worn out the manners of two nurses. I did not wonder; she had worn mine threadbare. Manners which wear out cannot be based on the sure foundation of goodness.—*S. Weir Mitchell, M.D.*

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No. 9.

Editorial.

ROYAL NATIONAL PENSION FUND FOR NURSES.

We are indebted to a Canadian nurse at present residing in England, Mrs. A. B. Thom, for an account of a unique and interesting ceremony, the opening of the new offices of the Nurses' R. N. P. F. by the King and Queen, on July 4th, 1908. Their Majesties entered by the Water Gate, through which no Sovereign has passed for more than two centuries, and were received by more than two thousand nurses, who raised the right hand in salute, and Her Majesty graciously received a bouquet from four nurses, from England, Wales, Scotland, and Ireland, respectively. Opening the main building door by a beautiful golden key, Her Majesty performed her part in the ceremony, and the King, in reply to the address by President Sir Everard Hambro, said:

"It has now happily long been recognized that in the alleviation of pain and distress good nursing is of supreme importance. It is in the interests of the community that measures should be taken to obtain skilled and efficient nurses, and to procure for them such advantages and prospects as will retain them in their profession.

"In no career has more unselfish devotion been shown than in that of nursing, and it would, indeed, be hard if those who spend the best years of their life in acts of self-denial, in attending the sick and ministering to those unable to help themselves, should be condemned, when age has diminished the capacity for work, to poverty, if not to actual want."

Before leaving, the Queen sent for Miss Browne, R.R.C., formerly Matron-in-Chief of the I.M.N.S., who attended in military uniform, wearing her seven medals,—The Egyptian medal and Soudan bar, the Khedive star, The King's and Queen's South African medals, the Coronation medal, the Service medal and the Royal Red Cross. The King and Queen shook hands with Miss Browne, and chatted with her for some time, an incident which greatly pleased all the nurses. After the ceremonies the nurses were all conveyed by steamer and barge to the Royal Hospital, Chelsea, where they were entertained.

The Fund now amounts to £1,265,000, and has been able to pay back to nurses, £300,000, and now pays yearly to annuitants £21,000. Five thousand nurses belong to it. It was founded by Mr. Junius Morgan (whose son, Mr. Pierpont Morgan, came

from New York to be present on this occasion), Sir Henry Burdett, Lord Rothschild, and others. The new offices are on a historic site, with which the names of Peter the Great, Charles Dickens, and others, are connected.

THE TERCENTENARY AT QUEBEC.

This great event will leave a lasting impress upon later Canadian history. Peace and goodwill celebrated, in better and happier times, events of great moment in the history of our beloved country. The Prince of Wales bore a noble and princely share in it all, and his parting prayer that Almighty God would "inspire the ideals of Canada," is the very prayer of His Majesty's loyal and true subjects here, among whom we are proud to number ourselves. Our friends of the Jeffrey Hale's Hospital, of the Quebec Detention Hospital, and of the Quebec Trained Nurses' Association, are to be congratulated on seeing and being a part of this great celebration.

FIRE IN FERNIE.

We regret deeply to hear that disastrous and all-destroying fires have swept over Fernie and the adjoining part of the Province of British Columbia. As we write, Toronto and other Eastern cities are offering aid, which we trust will be effectual. Our sympathies go out to the Fernie Hospital, and we anxiously await further news.

THE GUILD OF ST. BARNABAS.

We would most heartily and affectionately endorse the invitation found upon the page devoted to the Guild of St. Barnabas in this issue. As one of the associate members of the Guild, the Editor begs to assure our readers that nurses who do not belong to the Guild do not know how much they miss. In Ottawa, Montreal and Toronto, and, indeed, all over the world, these meetings have been found a comfort, a help, a solace and a pleasure,—something which no nurse who has ever been at the meetings would willingly give up. If any nurse who reads these lines will send a postcard with her name and address to THE CANADIAN NURSE, Toronto, saying that she is interested in the Guild of St. Barnabas, the Editor will "do the rest." One word more. The

monthly paper of the Guild, published in London, and sent to all members of the Guild, is one of our most valued exchanges, and the July number contains two addresses, one by Canon Holmes, the other by Mrs. Scharlieb, M.D., which are so fine that we wish all our readers could read them.

NEEDED REFORMS.

What the Hospital should do for the Nurse is a question of as much importance as what the Nurse should do for the Hospital.

Next to Registration, that is, legal recognition of the professional standing of nurses, our Magna Charta should contain some provisions in regard to hospital training, concerning chiefly four matters of importance. First, the training should be a thorough and scientific one. Second, some pecuniary consideration should be given to the nurse for the great amount of work she does for the hospital. Third, the hours should not be too long, and the time off should be sufficient. Fourth, the food should be of good quality and well prepared. Fifth, the Nurses' Residence should be suitable. In many hospitals the first and the fifth are already as nearly perfect as they can be made in this imperfect world. But what about the other three? In this connection, we would draw special attention to the excellent article, "Should Nurses-in-Training be Paid?" and invite our readers to discuss these questions in the pages of THE CANADIAN NURSE.

AT THE HOME FOR THE DYING.

On June 3rd the maid at St. Luke's House (The Home for the Dying), went to the door in answer to a summons, and when she opened the door found herself face to face with the Queen of Great Britain and Ireland, Empress of India and of the Dominions beyond the seas. Her Majesty was carrying a bouquet of orchids, ferns and lilies and asked for Miss Massey, one of the patients, whom she had come to see. This poor girl, at the age of eleven, nursed her mother, who died of tuberculosis, and contracted that dreadful disease from her. At the age of fourteen, she had to go to work in a factory. Then her father took tuberculosis and Martha got him admitted to St. Luke's House, where he died, and in the same place poor Martha now awaits Death, the Friend. The poor girl had ventured to write to Queen Alexandra, saying that she had a great desire to see her Majesty, but had never been able to on account of her illness. Would the Queen, she asked, fulfil her

dying wish by coming to see her before leaving for her Russian visit, as Martha feared she would not be living when her Majesty returned? The Queen was at once conducted to the bedside of poor Martha, whose eyes filled with tears when she saw the Queen, but the infinite grace and loving tact of Her Majesty enabled the poor girl to rise to the great occasion and receive with simple and suitable gratitude her great and Royal guest. Before leaving, the Queen gave Martha the bouquet, and then went through the wards, speaking to every patient and giving some flowers to each one. As Her Majesty was taking leave she heard a distressing cough, and asked who it was. Hearing that it was poor Martha, Her Majesty sent down to the motor for her own lozenges, and with her own hand gave them to the poor girl, saying to her afterwards, "Oh, my dear, do you really think you are going to die?" When Martha answered yes, and said she was not afraid, the Queen said, "Coming to see you, dear child, has done me more good than many a sermon." Her Majesty then expressed her pleasure and admiration at what she had seen and drove off in her white motor, leaving behind her a loving influence for good which will go far and last long.

Editorial Notes.

AUSTRALIA

Registration.—A bill is before the Legislature of New South Wales, which proposes to place the Registration of Nurses in the hands of the Board of Health. The A. T. N. A., which, of course, feels that Registration should be in the hands of a Council representing the nursing profession and the medical profession, has called a special general meeting to take immediate action in the crisis.

NEW ZEALAND

Kai Tiaki (Guardian of the Helpless).—The nurses of New Zealand have founded a Nursing Journal of their own, and called it by the native name which means "Guardian of the Helpless." Miss Hester Maclean, Assistant Inspector of Hospitals, is Editor.

The Plunket Nurses.—We learn from the second number of the *Kai Tiaki* that "The Plunket Nurses," founded by Lady Plunket, the wife of the Governor of New Zealand, and youngest daughter of the late Marquis of Dufferin and Ava, are to be fully trained. They work under the Society for the Promotion of the Health of Women and Children. We are also glad to learn that the State Registration of Mental Nurses is shortly to be instituted.

GERMANY

The German Nurses' Association.—State regulation and examination of the nursing profession comes in force on June 1st. The Association has 1,800 members, is now five years old, and has

a reserve fund of \$3,000.00. The state examination has been waived in the case of nurses who have from two to five years' training.

Official Department.

THE CANADIAN NURSE has the honor of publishing official information from:

Queen Alexandra's Imperial Military Nursing Service.

The Canadian Permanent Army Medical Service (Nursing Branch).

The Canadian Society of Superintendents of Training Schools for Nurses.

The Association of Hospital Superintendents of Canada.

The Canadian Nurses' Association.

The Manitoba Association of Graduate Nurses.

The Graduate Nurses' Association of Ontario.

The Victorian Order of Nurses.

The Guild of St. Barnabas for Nurses.

The Calgary Graduate Nurses' Association.

The Edmonton Graduate Nurses' Association.

The Hamilton Graduate Nurses' Association.

The Ottawa Graduate Nurses' Association.

The Collingwood G. and M. Hospital Alumnæ Association.

The Fergus Royal Alexandra Hospital Alumnæ Association.

The Galt General Hospital Alumnæ Association.

The Guelph General Hospital Alumnæ Association.

The London Victoria Hospital Alumnæ Association.

The Kingston General Hospital Alumnæ Association.

The Montreal General Hospital Alumnæ Association.

The Montreal Royal Victoria Hospital Alumnæ Association.

The Ottawa Lady Stanley Institute Alumnæ Association.

The St. Catharines General and Marine Hospital Alumnæ Association.

The Toronto Central Registry of Nurses.

The Toronto General Hospital Alumnæ Association.

The Toronto Grace Hospital Alumnæ Association.

The Toronto Graduate Nurses' Club.

The Toronto Hospital for Sick Children Alumnæ Association.

The Toronto Riverdale Isolation Hospital Alumnæ Association.

The Toronto St. Michael's Hospital Alumnæ Association.

The Toronto Western Hospital Alumnæ Association.

The Winnipeg General Hospital Alumnæ Association.

The Vancouver Graduate Nurses' Association.

THE ALUMNÆ ASSOCIATION OF THE COLLINGWOOD
GENERAL AND MARINE HOSPITAL TRAINING
SCHOOL FOR NURSES.

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The meetings are held on the last Thursday of the month at 3 p.m. in the Board Room of the Hospital.

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Meetings are held on the second Thursday of the month in the Nurses' Residence at 3.00 p.m.

QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

The following ladies have received appointments as Staff Nurses:—Miss A. I. Buyers, Miss E. B. Levay, Miss E. V. Forrest.

POSTINGS AND TRANSFERS.

Sisters.—Miss M. Steenson, to the Q. A. M. Hp., Millbank, London, from M. Hp., Portsmouth; Miss M. Worthington, to M. Hp., Edinburgh, from Q. A. M. Hp., Millbank, London; Miss J. W. Wilson, to M. Hp., Edinburgh, from M. Hp., Dover; Miss H. M. Drage, to Cambridge Hp., Aldershot, from Royal Victoria Hp., Netley; Miss E. Foster, to Royal Victoria Hp., Netley, from M. Hp., Dover; Miss D. D. Tripp, to Q. A. M. Hp., Cosham, on return from Egypt; Miss M. Pedler, to M. Hp., Dover, from Cambridge Hp. Aldershot; Miss M. E. Richardson, to Royal Herbert Hp., Woolwich, from M. Hp., Hounslow; Miss M. L. Potter, to M. Hp. Hounslow, from Royal Herbert Hp., Woolwich.

Staff Nurses.—Miss G. E. Browning, to A. M. Hp., Cosham, on appointment; Miss I. D. Humfrey, to Royal Herbert Hp., Woolwich, on appointment; Miss M. C. Tawney, to Cambridge Hp., Aldershot, on appointment; Miss N. I. Jordan, to M. Hp., Devonport, on appointment; Miss A. I. Buyers, to Royal Victoria Hp., Netley, on appointment; Miss M. Fisher, to M. Hp., Dover, from Royal Victoria Hp., Netley; Miss F. M. Tosh, to M. Hp., Cairo, on arrival in Egypt.

PROMOTIONS.

The undermentioned Staff Nurse to be Sister:—Miss K. Roscoe.

APPOINTMENTS CONFIRMED.

Staff Nurse.—Miss C. M. Hodson.

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Summer Diet

for both nurse and patient needs care in the selection. In hot weather appetite is capricious but the nurse's strength, as well as her patient's, needs to be supported—for very often the recovery of the patient depends upon her untiring watchfulness.

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Question Department.

THE SPONGE BATH.

Q.—In regard to the question of rubbing with a sponge bath to reduce temperature, that is rubbing the skin dry instead of letting the water applied evaporate, our most progressive doctors hold that the rubbing brings more blood to the surface to be cooled, and consequently the temperature is reduced more quickly in this way. We have found hot sponge baths effectual in reducing temperature with some patients when a cold bath appeared to have no effect on the temperature.

A.—The opinion generally held at the present time in regard to this matter is that the sponge should be given with a certain amount of friction. It is to be remembered that the chief benefit of the sponge bath in typhoid is not the reduction of temperature *per se*, but the stimulus given to the excretory functions, and the good effect on the general nervous tone. As our correspondent remarks, a hot sponge bath in certain cases is the more effectual.
—Ed.

Correspondence

MORAL PROPHYLAXIS.

TO THE EDITOR OF THE CANADIAN NURSE:—

DEAR MADAM,—May I ask to bring to the attention of all serious-minded Canadian nurses the work and aims of the Society for Moral Prophylaxis, whose headquarters are in New York? It is composed of physicians, teachers, and social workers, and seeks to spread intelligent and ethical ideas as to sexual morality, and especially to instruct young men and boys in physiological morality, and to open the minds of parents to the need of truthfulness to, and candid serious instruction of, children and young people. The society has published some very valuable literature of instruction: The Young Man's Problem, being educational pamphlet No. 1; Educational pamphlet No. 2 for Teachers, The Relations of Social Diseases with Marriage and Their Prophylaxis, or pamphlet No. 3, and The Boy Problem, or educational pamphlet No. 4. These can all be obtained from Dr. E. L. Keyes, Jr., 109 E. 34th St., New York City. The prices are moderate: No. 1 costs 10 cents, 50 copies \$3.00; No. 2, 10 cents; No. 3, 25 cents; No. 4, 10 cents, 50 copies \$3.00.

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intelligence by a word of advice now and then, that some may be glad to know where they can obtain literature prepared by the most competent authorities and with the highest motives.

L. L. DOCK,

Member of the Society.

THE FIRST CANADIAN TRAINING SCHOOL.

TO THE EDITOR OF THE CANADIAN NURSE:—

DEAR MADAM,—The leading article in February number of THE CANADIAN NURSE refers to the Training School in connection with the Montreal General Hospital as the oldest in Canada, and an editorial note at end corrects this statement by stating that the Training School of the Toronto General Hospital, founded 1881, is probably the oldest. Mack Training School, in connection with the General and Marine Hospital, St. Catharines, was founded in 1874, and is the oldest in Canada. I have in my possession a copy of the first report of this Training School published in 1875.

Very sincerely yours,

ANNIE E. HUTCHISON,

Former Lady Sup't General and Marine Hospital, St. Catharines.

Orillia, May 18th, 1908.

GENERAL APATHY.

TO THE EDITOR OF THE CANADIAN NURSE:—

DEAR MADAM,—The question of the general apathy of most graduate nurses in regard to matters pertaining to nursing outside of their obtaining agreeable cases, comes up in many places—in alumnae work, in the Ontario Association, in the fight for registration, and in subscribing to their nursing journal, and it seems to me that the cause of the disease should be found, in order that it may be cured. On looking over the membership of the Ontario Association and over the subscription list of THE CANADIAN NURSE, as well as when looking back to the days about graduation time, it seems that the fault lies partly in the training. Some Superintendents see that each of the graduates joins her Alumnae Association, and the Ontario Association, and sends in her subscription for the journal. Others do not. Many nurses learn while in training all about their duty to the physician and the patient, but very little about their duty to the public and the nursing profession at large, and when they go out to practice their chief aim becomes the search for agreeable cases on St. George Street or in Rosedale. They are utterly disdainful of the country, where most of them have lived most of their lives. Do all our Superintendents belong

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to the Ontario Association, and do all subscribe for *THE CANADIAN NURSE*? The nurses who are not in the firing line are missing much of the zest of life as well as putting too great a burden upon the workers, who have to do all.

I think that this is a question for the Superintendents to discuss. It is a vital question, both in Canada and the United States, judging from the reports given in the nursing journals of both countries, and also coming from the Alumnae Associations, where the Programme Committees in many cases are ashamed to ask lecturers to come to address the nurses because of the small attendance, which is an insult to the lecturers.

Hoping that this question may be discussed in the different places where most needed.

I remain,

Yours sincerely,

L. B.

MY DEAR MISS BOWERMAN,—I am what one might call the “emergency” and “travelling nurse” of a mission numbering nearly nine hundred members. Since coming to China I’ve been in about nine Provinces, but the last four or five years my work has been nearer the open ports near the coast. I receive a message to go to a certain place. The first thing I have to do is pack all my belongings; otherwise, by the time one returns, what with moth and mildew, one has very little left. Then provisions for the journey have to be next thought of, so a basket is packed, and, of course, one has always to take a bed along in China, and also enamel wash bowl and jug, etc., etc. One of the journeys I have taken within the year was to a city which I could only get to by native boat. The matter was urgent, and as I learnt my lesson of punctuality well in the T. G. H., of course my aim was to lose no time. As the Chinese do not know the value of time, they never can understand our need of getting on as quickly as possible, and it is very trying to find you have been delayed one whole day tied to the river’s bank because it has been some old woman’s birthday in the back of the boat. Perhaps another whole day because of the feast of the moon, etc., etc. Such things, I assure you, are very trying, so one gets used, if possible, to making a very good margin for stoppages. My work is wholly among the missionaries, where there is no doctor, and during these eight years one can only praise God and be thankful that God has seen fit to spare the lives of all those I had been sent to. There have been a few who have passed away, but it has always happened to be cases that have required medical skill and where doctors have been within reach, so that one was relieved of the responsibility and everything was done that could be done. At present China knows nothing about sanitary

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laws or conditions, so that one finds it very difficult in nursing in China. You really have to take all your sanitary conditions around with you.

Again sending you my kindest love and tender sympathy in all your work, believe me,

Yours very sincerely,

M. A.

China Inland Mission, Chinkiang, China.

The Contributors' Club.

FIRE DRILL IN HOSPITALS.

To the Editor of THE CANADIAN NURSE:—

Madam,—We would like to hear how fire drills are conducted in other hospitals. Would you please have this subject discussed by the readers, or, I should say contributors, to THE CANADIAN NURSE?

CATHERINE LAWRENCE, *Lady Superintendent.*

The Sarnia General Hospital, Sarnia.

FIRE DRILL IN TORONTO GENERAL HOSPITAL.

To the Editor of THE CANADIAN NURSE:—

Madam,—Your favor of the 12th respecting fire drill received. I send you two sheets, from which you will get an idea of our procedure. You will note that we have a double drill, which is unique perhaps to our hospitals. We have a general drill about once a month and local drills at irregular intervals.

Yours very truly,

J. N. E. BROWN, *Superintendent.*

Toronto General Hospital.

Directions Respecting Fire and Fire Drill.

1. As soon after admission as possible all patients shall be told by the nurse in charge of each ward or her assistant that fire drill is of frequent occurrence in order to avert any feeling of fright or panic in the event of an actual fire.

2. A first alarm shall be sounded by blowing a fire whistle, which is to be found near each hose stand. The whistle may be self-retained in the mouth and blown, leaving the hands free, so that the person sounding the alarm may at the same time take pails of water nearby and throw upon the flames.

3. The second person appearing on the scene should telephone the Main Office that there is a fire, so that an alarm may be given for the Fire Brigade.



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4. The third person arriving should pull the hose off the rack, take the nozzle and stretch the hose toward the fire.

5. The fourth person on the scene should, as soon as the hose is stretched and free of kinks, turn the valve to allow the water to run through. At each valve there is a crank with which to loosen the valve, if it cannot be turned by hand.

6. If it should happen that only one or two or three persons are present they must perform the four above-mentioned acts in the order named.

7. If it should be found that the fire cannot be quenched within a few moments by carrying out the above orders, a general alarm shall be given by ringing the fire gongs. This is done by pressing the button in the glass box which is to be found on each floor, close to the elevator. A hammer for smashing the glass hangs below each box. On this alarm the officers and employees shall take the stations and perform the duties mentioned in the annexed schedule.

8. The location of the fire shall be made known by verbal announcement.

9. Strict silence must be preserved, except in the delivery or transmission of necessary orders.

10. Everybody in the service of the hospital shall familiarize himself with his number, his station and his duty, as specified in the annexed schedule and in the individual cards with which he will be provided.

11. On the alarm of fire or fire drill, given by ringing of fire gongs, everybody shall proceed rapidly and quietly to his station.

12. Three short rings of the fire gong will indicate that the drill is over or that the fire is out.

Note.—The annexed schedule gives the number, station and special duty assigned to each official and employee in the Hospital, *e.g.*, Nurse in Charge of Theatre. Scene of Alarm. Assists.

J. N. E. BROWN, *Superintendent.*

Toronto General Hospital.

THE SCHOOL NURSE IN CANADA.

To Montreal and Hamilton belong the honour of appointing the first school nurses in Canada. Two school nurses in Montreal and one in Hamilton began work on January 1st, 1908. In December, 1907, the Montreal City Council voted the sum of \$1,500.00 to pay the salaries of two school nurses, who were then duly appointed, one of them being Miss Sexton, a V. O. nurse, and the other a graduate of the Montreal Isolation Hospital. Both of these nurses are under the control of Dr. J. E. Laberge, who is City Bacteriologist and Chief Medical Inspector of Schools. There are now 50 medical school inspectors in Montreal, two of whom are women, and the City Council, at the same meeting in

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December, voted \$11,000.00 to pay their salaries. In Hamilton, the Medical Health Officer, Dr. Roberts, is an enthusiast about medical inspection of schools, and was appointed Medical Inspector of Schools by the Board of Education. Unfortunately the salary given for this work is merely nominal. Dr. Roberts has the assistance of one school nurse, Miss Deyman, who has been most successful in her work. We are permitted to make a few extracts from the Report of the Medical Officer and the School Nurse in Hamilton, in January, February, and March.

The following is a list of cases reported during that time:

Defective Vision	216
Defective Hearing	20
Defective Speech	8
Mentally Defective	18
Scabies	19
Impetigo	3
Eczema	3
Skin Diseases (unclassified)	23
Ringworm	5
Discharging Ears	22
Pediculosis	170
Throat and Nose	349
Catarrh	15
Nervousness	7
Anæmia	14
Asthma	2
Granular Eyelids	3
Whooping Cough	2
Mumps	4
Personal Uncleanliness	211
Decayed Incisors (permanent)	276
Enlarged Thyroid Glands	4
Enlarged Sub-maxillary Glands	2
Pulmonary Tuberculosis	1
Hip Joint Disease	1
Diphtheria	2

This is the result of the first inspection of eighteen schools and about 6,000 children.

Miss Deyman adds: "In addition to this, 183 visits were made at the homes. All children excluded for any reason were visited at least once a week. One thing I find on visiting any school where the water supply is measured by a meter, the lavatories are in a bad condition. After school inspection is established in any town I would think it would require the services of one nurse to every 1,500 children."



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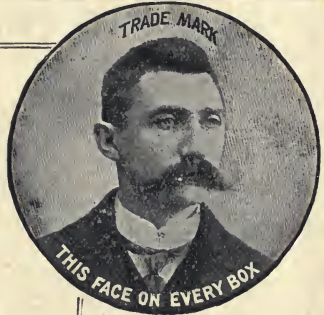
It not only smooths the skin but soothes the skin, not only hides roughness and rawness but heals them. After the bath it is delightful—it enables one to easily retain that pleasing appearance of fresh cleanliness.

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A NEW hospital is being erected at Minnedosa, Man.

A SCHOOL Nurse will be appointed shortly for Brantford, Ontario.

A NEW hospital for the insane will be built at Coquitlam, near New Westminster, B.C.

A NEW nurses' home is being erected at the Royal Jubilee Hospital, Victoria, B.C.

ADDITIONAL buildings, including a new laundry, are to be erected at Woodstock General Hospital, and at the Amasa Wood Hospital, St. Thomas.

MISS A. M. JOHNSTON, graduate T. G. H., 1907, has been engaged as assistant nurse at Cottage Hospital, Pembroke, Bermuda.

MISS FLORENCE BUCKLES, graduate of the Lady Stanley Institute, 1908, has been appointed Head Nurse in the Isolation Hospital, Ottawa.

THE following nurses have graduated with honor from Montreal General Hospital: Misses M. B. Clark, Anne S. Des Brisay, Bertha A. Smith, Edith C. Wills, and Rachel Wood.

THE new hospital at Sydney Mines, Cape Breton, which was recently opened, will accommodate fifty patients, and was erected at a cost of \$20,000. The Superintendent is Miss Mansen, and Miss Edith Shaw is in charge of the operating room.

WE are greatly indebted to one of our Editorial Board, Miss Flaws, of Butterworth Hospital, Grand Rapids, and to Miss Pemberton, of Peterson's Hospital, Ann Arbor, one being Recording Secretary, and the other Corresponding Secretary, of the Michigan State Nurses' Association, for interesting accounts of the annual meeting, which took place at Epworth Heights, Ludington, early in July, and which we only regret that space would not allow us to notice in our August number. Everything about the meeting was charming and successful, the social events were pleasant, and the real business of the Association was well attended to and important. Miss Linda Richards was perhaps the most distinguished speaker present. When Miss Nightingale's letter of thanks for congratulations was read, Miss Richards rose and told of her visit to Miss Nightingale twenty years ago. Miss Richards, Miss Sly, and Miss Nieman dealt with some important problems, such as "Registration," and "The Return to the Two Years' Course."

KEPHYR

"Soured milk, because of the lactic acid in it, can impede the putrefaction of meat."—Metchnikoff.

"As lactic fermentation serves so well to arrest putrefaction in general, why should it not be used for the same purpose within the digestive tube?"—Metchnikoff.

"The action of Kephyr in preventing intestinal putrefaction depends on the lactic acid bacilli which it contains."—Metchnikoff.

"Metchnikoff believes that the inherited structure of the human large intestine and the customary diet of civilized man are specially favorable to the multiplication of a large number of microbes that cause putrefaction. The avoidance of alcohol and the rigid exclusion from diet of foods that favor putrefaction, such as rich meats, and of raw or badly cooked substances containing microbes, do much to remedy the evils. But the special introduction of the microbes which cause lactic fermentation has the effect of inhibiting putrefaction. By such measures Metchnikoff believes that life will be greatly prolonged and that the chief evils of senility will be avoided."—P. Chalmers Mitchell.

Kephyr is sterilized cow's milk that has undergone special fermentation through the introduction of a mushroom, called Kephyr-seed, or *Dispora Caucasica*, and a yeast, *Saccharomyces Cerevisiae*. One of these ferments affects the lactose, and produces lactic and carbonic acids and a small amount of alcohol; the other acts on the albuminoid substances, on the casein in particular, which latter undergoes partial precipitation and digestion, producing both peptones and propeptones.

Physicians are prescribing Kephyr with great benefit in cases of Anemia, Chlorosis, Tuberculosis, Kidney and Liver diseases, and affections of the Stomach and Intestines. Professor Hoppe, M.D., of Basel, Switzerland, says: "Kephyr is Milk and Wine at the same time." It is specially beneficial in building up the strength after acute illness, such as Typhoid Fever, Inflammation of the Lungs, and all infectious diseases, and after grave operations.

Kephyr is similar to Buttermilk in taste and appearance; it is, however, very different, being prepared along scientific lines, and is more nutritious, as it contains all the butter fat of Whole Milk.

Kephyr can be used quite freely and at any time.

The following comments from Toronto Physicians are used by permission.

"I have had the opportunity of ordering for several patients Pumer's Swiss Kephyr, and they have found it uniformly satisfactory for the purpose for which it was prescribed."—Dr. W. H. B. Atkins.

"Regarding Mrs. Pumer's Kephyr, I am acquainted with the article, and consider it the best that I have been able to obtain."—Dr. W. P. Caven.

"I have used Mrs. Pumer's Kephyr in my practice with very good results. It is of fine quality, and the best thing of its kind I have seen."—Dr. A. H. Garratt.

"I have no hesitancy in stating that Kephyr is a valuable preparation. In evidence, I have recommended it twice to-day, once to a Physician."—Dr. John B. Hall.

"It is certainly a most excellent food (Kephyr) and it differs very largely from Koumils, being a different ferment. I know Mrs. Pumer, and she is thoroughly reliable in this regard."—Dr. Edmund E. King.

"Mrs. Pumer makes an excellent preparation of Kephyr. I am able to say so, having made trial of it in my own family, and those patients to whom I recommended it were highly pleased with the article."—Dr. W. J. Wagner.

We are preparing Kephyr daily at our Dairy, under the direction of Mrs. F. Pumer, of Zurich, Switzerland.

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THE Cottage Hospital, Pembroke, has just completed a handsome sun verandah, donated by Mrs. Hugh Grant, of Pembroke, in memory of Dr. Angus Grant, her son, who died in Scotland three years ago. The verandah is handsomely furnished, and a great addition to the hospital. The formal opening will take place Sept. 1st, and besides the usual programme for such an occasion, there will be a bonfire in the adjoining grounds, and the band in attendance.

THE Graduation exercises of St. Joseph's Hospital, Chatham, Ont., held on July 31st, at St. Joseph's Hall, were unusually successful and pleasing. A class of seven received diplomas and medals before a large audience of clergymen, physicians, and friends of the Nurses. In the decorations, the School colors, yellow and white, were mingled with ivy and ferns, and, with the little flower girls wearing the same, had a very appreciated effect. Very Rev. J. E. Mennier presented the honors, and, in a few earnest words, advised the graduates to be devoted to their holy career, if they would succeed. Mayor Scullard presided as chairman, and congratulated the class on their chosen calling and their attainments in it. The musical programme, of vocal and instrumental selections, was of a high order and well applauded by an appreciative audience. The Valedictory was read by Miss Grace Hoy, to which Dr. R. V. Bray responded with some practical advice, complimented the nurses on their good theoretical standing, and gave assurance of the doctors' aid, and encouragement of future success. The Ladies' Altar Society entertained the graduates and their friends at a dainty and bountiful luncheon in the club-room of the Hall, decorated in keeping with the occasion. Many lovely and choice bouquets were received by the nurses, as well as a number of valuable gifts from their friends. The names of the graduates are: Miss Lillian A. Richardson, Chatham, Ont.; Miss Mabel A. Jenner, Charing Cross, Ont.; Miss Emma C. Riegling, Chatham, Ont.; Miss Lillian M. Long, Point Edward, Ont.; Miss Grace C. Hoy, London, Ont.; Miss Angela McIlhargy, Centralia, Ont.; Miss Loretta E. Kelly, Kinkora, Ont.

THE chief hospitals of Prince Edward Island, situated at Charlottetown, are three in number, and include a fine Hospital and Asylum for the Insane, placed north-west of the town, on the harbor, and surrounded by a good farm. About two hundred patients are cared for here. Then there is the Charlottetown Hospital, under the charge of the Sisters, in which Bishop Angus MacDonald, so well known and loved, takes much interest. It stands in a beautiful situation upon the Esplanade, and commands a charming view of the harbor. The third is the Prince Edward Island Hospital, which is also beautifully situated, near the Royalty Road. It is a brick and stone building of three

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stories, and every ward, with its convalescent parlor, is as bright, sunny and airy as one can wish, with everywhere a pleasant view. The first floor is occupied by offices and wards, the second by wards, and the third comprises the servants' rooms, the nurses' residence, and a fine, modern operating room, with a terrazo floor, three sterilizers, one of them the gift of a Montreal physician, and a wheeled ambulance table, the gift of a Prince Edward Island doctor. Many of the wards were furnished and equipped by members of the Board of Governors, and other residents of the Island. On a recent visit, the wards were all occupied, there being three patients suffering from typhoid fever. The private wards were very comfortable and attractive. Miss Ross, a graduate of the Royal Victoria Hospital, Montreal, is the Superintendent of the hospital, and has a training-school of ten pupil nurses. One graduate nurse, Miss Spencer (P.E.I.H.), is on the staff, and is in charge of the operating room. The graduate nurses' badge is a red cross on a white ground, round which is enamelled the crest of Prince Edward Island—the well-known group of fir and spruce for which the Island is famous, there being five different varieties of spruce among the indigenous Island trees. The Prince Edward Island Hospital was founded some eighteen years ago, and the governors are at present thinking of building an addition to it.

Personal.

MISS M. N. FRASER, Asst. Supt. of P.C.H., is at Carlsbad Springs.

MISS EDNA B. POND (C.M.H., '06) has gone to Boiestown, N.B., to do private nursing.

MISS HELEN HUNTER (J.H.H.) spent a few days in Pembroke recently, a guest of Miss O. Clarke.

MISS E. V. AUSTIN, Supt. of P.C.H., leaves on the 21st for a trip up the St. Lawrence and Great Lakes.

MISS HELEN HUNTER (J.H.H.) has been appointed Superintendent of the Red Cross Hospital, New York.

MISS HERSEY (R.V.H.) has been appointed Acting Superintendent at the Royal Victoria Hospital, Montreal.

MISS SPENCER, Head Nurse of the operating room, P.E.I. Hospital, spent a pleasant vacation at her home in August.

THE engagement is announced of Miss Grace Anna Garnett, graduate of Chipman Memorial Hospital, to Mr. Leonard J. Hughes, of St. John. The wedding will take place early in September.

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MISS GERTRUDE CURRY, P.C.H., finds a great field for the trained nurse in Victoria, B.C., having more work than she can manage.

MISS ANNIE GRIEVES, Mount Sinai graduate, is spending a few days at her home in Pembroke and with friends at Fort William.

MISS VIOLA MACSWAIN, graduate of Prince Edward Island Hospital, has accepted the position of Head Nurse at the Chipman Memorial Hospital, St. Stephen.

MISS EMILY IRELAND, Mount Sinai graduate, has returned from New Ontario to Pembroke, and reports a wide opening for the graduate nurse in that region.

MISS OLIVE CLARKE, graduate of the Johns Hopkins Hospital, visited Quebec at the time of the Tercentenary, and is now spending her vacation in Pembroke.

MISS MARGARET D. HETHERINGTON (C. M. H., '07), after an absence of four months, has again taken charge of Dr. Deacon's private hospital in Milltown, N.B.

MISS EDITH MCCRIE, graduate of St. Joseph's Hospital, Chatham, has been engaged in private nursing in Sarnia, but intends to continue her work in Windsor, Ont.

MISS SHARPE, Superintendent of the General Hospital at Woodstock, Ontario, is at present abroad, spending a pleasant vacation by travelling with her sister in England.

MISS E. J. DEYMAN, whose pioneer work as a School Nurse in Hamilton has been so successful, has, we are glad to learn, been reappointed for the year 1908-9 by the Hamilton Board of Education, at a salary of \$600.

MISS ANNIE F. LOCKHART, graduate of Chipman Memorial Hospital, and post-graduate of Boston Floating Hospital, intends going to the Orthopædic Hospital in Philadelphia the first of October to take a course in massage.

MISS ROSS (R.V.H.), Superintendent of the Prince Edward Island Hospital, at Charlottetown, has just returned after a pleasant vacation spent in the West. Miss Ross went as far as Calgary, and speaks with great praise of the West.

By a happy thought, the last meeting for this year of the Toronto Grace Hospital Alumnae Association was held at the home of Miss L. Segsworth, 5 Clandeboye Avenue, Centre Island. The meeting was altogether of a social character, and quite a number of the nurses took advantage of Miss Segsworth's invitation to spend a pleasant hour together. Refreshments were served on the verandah, where the nurses congregated, and all had a most enjoyable time and greatly appreciated Miss Segsworth's kind hospitality.

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MISS JEAN MATHESON, Superintendent of the Tranquille Sanatorium at Kamloops for the treatment of incipient tuberculosis, has been offered the position of Lady Superintendent in the Kamloops Hospital by the directors of the hospital, but has refused the position to continue her work in the Sanatorium.

MISS SCOTT, Superintendent of the General Hospital, Neepawa, Man., for the past two years and a half, has recently resigned her position. Mrs. Snider, a former Superintendent, was invited by the directorate to return and take charge of the hospital, and assumed her duties the first week in July.

MR. MAX J. WALTER, the Superintendent of the Pennsylvania Orthopedic Institute and School of Mechano-Therapy, Inc., 1711 Green Street, Philadelphia, has gone to Europe to investigate the latest methods used in mechanical treatments abroad. Particular attention will be given the study of pneumo-therapy under Drs. Dupont and Tissier in Paris, the medico-mechanical Zander gymnastic method used in Wiesbaden and Berlin, medical baths in Carlsbad, and the production of artificial hyperemie under Prof. Bier in Berlin. Additional apparatus will be brought over by Mr. Walter on his return to Philadelphia the latter part of September.

MARRIED.

TENCH—MCLEOD.—The marriage of Miss Alexia McLeod, formerly of Toronto, and a graduate of the Class of 1896, Grace Hospital, Toronto, took place recently at Lethbridge, Alberta to Mr. Clifford S. Tench, of Pincher Creek. Miss McLeod is a daughter of the late Mr. McLeod, of Drynoch, Ontario, and a number of relatives and friends from Toronto, Nelson, and Calgary were present. The occasion was a most happy and pleasant one. Mr. and Mrs. Tench will make their home in the far West, on Mr. Tench's ranch, near Pincher Creek.

MORRIS—HANHAM.—At Shady Dell, Wellandport, on June the 23rd, Millicent E. Hanham, graduate of H.C.H., Class '06, to Mr. Alfred Morris. Mr. and Mrs. Morris are spending their honeymoon on the Continent. Mrs. Morris will be at home in November at their home, 203 John St. North, Hamilton.

HALL—ABLE.—At the residence of the bride's father, Troy, Ont., on July the 16th, by the Rev. George Cropp, Louise M. Able, Graduate H.C.H., Class '00, to George Hall, M.D., of Montreal.

BIRTHS.

PARKE.—At Hillside Cottage, Wiarton, on July the 15th, to Mr. and Mrs. John H. Parke (Amy Friend, graduate H.C.H., Class '96), a daughter.

PATTERSON.—To Dr. and Mrs. Frank Patterson, Trail, B.C., July 23rd, a daughter. (Mrs. Patterson was Miss Sheppard, of the Lady Stanley Institute, Class 1904.)

MILLER.—On July 26th, at Chatham, Ont., a daughter to Mr. and Mrs. Albert Miller (*née* Miss Burns, graduate of St. Joseph's Hospital).



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The Nurse's Library.

The Trustees of the Toronto Orthopedic Hospital have just issued their Decennial Report, which is very interesting and finely illustrated.

The Standard of Empire is a new thing in journalism. The *London Standard* now publishes an Imperial Edition, as it may be called, which will help Imperial consciousness and help to unite distant parts of the Empire. It is published weekly, contains the latest and best news from all over the Empire. It costs, in Canada, five cents a copy, or two dollars a year. It is a good investment, and we heartily commend it to our readers.

School Hygiene and the Laws of Health. Charles Porter, M.D., M.R.C.P. London: Longmans, Green & Co. 3s. 6d. This text book, the basis of which is the author's lectures to the Teachers in Training at Sheffield Training College, is an admirable one, and we would wish to see some similar book adopted for use in our own Normal Schools. School nurses and all who take an interest in medical inspection of schools, and school hygiene, will welcome this book and read it thoughtfully. The author is Chief Sanitary Inspector of Leeds, and has held many other such appointments. He is also a barrister-at-law.

Home Nursing and Hygiene. Florence Hufton-Windust (diplômée). London: Adam and Charles Black. Toronto; The MacMillan Co., of Canada. Nurses who are frequently asked to recommend a book on Home Nursing to people in general, cannot do better than recommend this one. It is brief, clear, and correct in statement, and contains a great deal of valuable information. The author is, of course, a graduate nurse, as well as a superintendent of nurses and a lecturer on nursing.

Mind in the Making. E. J. Swift. New York: Charles Scribner's Sons. Professor Swift, who holds the Chair of Psychology and Pedagogy in Washington University, St. Louis, has produced a thoughtful study of certain psychological problems which throw a light, not only on the path of psychology, but naturally also along the path of the teacher, and along the path of any who, as nurses, must seek to study the problems of nervous, troublesome patients, who are hard to understand or care for. Many of

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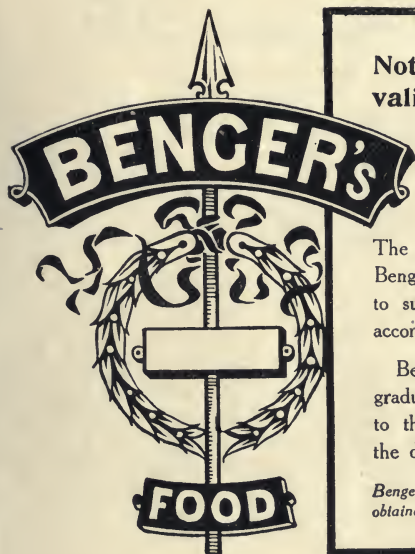
MAX J. WALTER, Superintendent

the chapters have already appeared in whole or in part in different magazines. School problems, "The Racial Brain," "The Nervous Disturbances of Development," are among the most important topics of the book, for which we predict success and a useful career.

Modern Medicine. Edited by William Osler, M.D., in seven volumes; \$6.00 per volume. New York and Philadelphia: Lea Brothers. Toronto: D. T. McAnish & Co., 123 Bay Street. In Great Britain, in Greater Britain, and in the United States, in all of which he has practised his profession and been a great personal force, Dr. Osler has more friends and followers than he could count. He has thought and wrought and encouraged, and we all know that he was *the* editor for "A System of Modern Medicine." Four volumes have already been issued of the seven, and we propose to review these, one by one, for the benefit of Canadian nurses at home and abroad. It is a pleasure to have the opportunity. No one has done more for our profession than our friend Dr. Osler. It is almost superfluous to say that any Training School Library and Nurses' Registry Library which can at all afford it, should subscribe for this work, which is a great system of medicine.

The first volume has a charming introduction on the History of Medicine, by Dr. Osler. It is a favorite subject of his. Among the other contributors are Prof. Adami, Col. Bruce, Dr. Howard, of Washington; Charles Wardell Stiles, Dr. Still and Dr. Hutchison, of London; and Dr. Fletcher, of Baltimore. There are nine parts comprised in the volume—Immunity, Diseases caused by Physical Agents, Chemical Agents, Organic Agents, Vegetable Parasites, Protozoa and Animal Parasites, Nutrition, and finally Constitutional Diseases. Our space will not permit us to say one word more. But the best book is always a priceless possession, and the mere statement of the names given is enough to show what a book this is.

ALL readers of this Magazine, who have not received a copy of "Women in Banking," written by Mrs. E. B. B. Reesor, and published in the *New York Bankers' Magazine*, will be given one upon application to the Crown Bank of Canada, 34 King Street West, Toronto. The article is illustrated with pictures of the special rooms set apart for women, and, as the privileges of using them and making this down-town Rest Room a meeting place for out-of-town friends or for consultations with their physicians has always been extended to members of the Nursing profession, it will be of interest to you to see what these apartments are like.



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THE PROTEID IRON PREPARATIONS AND THE NATIONAL FORMULARY PROPAGANDA.—There is a vigorous editorial in the *Critic and Guide* for June, which gives the conclusions of Prof. W. H. Harrison, of the Northwestern University School of Pharmacy, Chicago (see article in the April *Journal of Pharmacy* on the above subject). The editor gives the gist of the matter, as follows: And I appeal to you all to answer this question, If you had a boy or girl, wife or mother, who was very anemic and was in need of a mild, assimilable, non-irritating ferruginous tonic, would you give the original pleasant-to-eye, smell and taste—and stable pepto-mangan,* or would you give the National Formulary Liquor Ferri Peptonati cum Mangano, which is physically, pharmaceutically and therapeutically rotten (there is no other term possible), which, according to the testimony of pharmacists themselves, has a most offensive odor, alkaline, saline and nauseating taste and becomes very quickly decomposed? Would you run the risk of ruining their stomach and making them still sicker, because the imitation product may perhaps cost ten cents cheaper? And if you would not, if in your own family you would use the genuine product, why should you treat the outside public so badly?

* Gude's Pepto-Mangan.

The Canadian Nurse

A MONTHLY JOURNAL FOR THE NURSING PROFESSION IN CANADA

Vol. IV.

TORONTO, OCTOBER, 1908.

No. 10.

THE RETURN TO THE TWO YEARS COURSE. IS IT A NECESSITY? IF SO WHY?*

It may have been two years since my breath was nearly taken away by having discussed the change from the three years back to the two years course. I confess that I thought it would end in talk and was quite unprepared to believe that certain schools, considered among the most progressive, had indeed taken the step and had returned to our starting point. When we consider the reasons good and sufficient for the change from the shorter to the longer course and the good resulting from it, good so apparent to most of us in our struggle to raise the standard, I am free to confess that I can not understand this backward step. Cause there must have been or the change would not have taken place. And in thinking the matter over (and I have given it not a little thought) I find myself wondering if managers of schools were not in fault in some cases. For instance, has not the two years' course of instruction been, in not a few schools, made to cover the three years? Did not some schools promise additional instruction in the management of schools and hospitals, this instruction to be given the third year, and did these same schools fail to make good the promise? I know well one school which made this last mistake. I know others who gave no lectures the first year. In both cases the pupil nurses felt themselves injured, nor were they backward in saying that hospitals benefited by the lengthened course while nurses did not. This discontent among nurses was pretty general in some sections of the country. Added to this is the feeling existing among some members of the medical profession that the nurses of to-day are over-trained. Silly as this idea is, it has not a little influence upon some members of our own profession. We who know that it is "the little knowledge" which is dangerous can not understand why educated men should prefer partially trained women to care for their patients. The undertrained woman who gave two 1-30 grain tablets of strychnine to a patient because the doctor had ordered 1-60 and there were none in the ward, would not have been guilty of the mistake had she had a better knowledge of medicine and doses. The doctor would have had no occasion for anger toward the

*Read before the Michigan State Nurses' Association.

nurse who did not know the meaning of p. d. q. on her order had she been familiar with medical orders and abbreviations. The young man's joke would have been recognized and the Superintendent would not have been called upon to explain to the nurse and procure a reprimand for the bright young doctor. To me it seems that a two years' course is only proper in special hospitals—that three years is none too long for the young woman in any General Hospital Training School. But the three years should be years of instruction, and the instruction should cover one year more ground than does a two years course. And I feel that necessity for the return to the two years course, if necessity there be, is largely the fault of Training School Boards—a fault which should be corrected.

LINDA S. RICHARDS.

IS THE NUMBER OF APPLICANTS FOR ADMISSION TO TRAINING SCHOOLS GROWING LESS? IF SO WHY? *

We have within the last few years heard much said upon this subject. And the consensus of opinion seems to be that there has been a large falling off in the number of applicants. And some of the larger schools have been greatly troubled in consequence. We have frequently been asked for a reason. Some suggest that our profession is becoming overcrowded and so applicants, or those who would be applicants, turn their attention to other professions. This may be so to some extent, but to my mind one very good reason for the lessened number of applicants for admission to the large schools is given in the fact that small schools have increased very rapidly in the past few years, and in nearly all instances the small hospital has its very own school. This is quite recent. When these small hospitals first came into existence the nursing was in most cases done by graduate nurses from the larger schools. Small schools were considered undesirable. It was thought unwise to organize schools, because, of course, nurses could not be well trained in a small hospital. All this has become changed, and to-day the small school finds it quite as easy to keep the ranks full as does its larger sister. I have often found that parents prefer having their daughters enter the small schools. We will find the same class of young students in the small as in the large school. Their instruction is identical and there is the advantage of the personal supervision to each individual pupil given by the Superintendent of nurses, a thing quite impossible in very large schools, and also within the last few years State Insane Hospitals have pretty generally organized training schools. These schools must for long years be considered as special schools, with usually a two years course. But the remuneration given far exceeds that of the general hospital school.

*Read before the Michigan State Nurses' Association.

These schools are large, numbering from 80 to 140, or even more. These hospitals find no trouble in keeping the ranks well filled and with nurses of the same grade as will be found in the general hospital. The shorter course, which may be supplemented with a post-graduate course and the large monthly allowance call, I think, loudly to would-be nurses and cause a smaller number of applicants to ask for admission to the larger schools in general hospitals. May it not be that the number is not so much smaller, but they have a wider field to choose from and are more scattered?

LINDA S. RICHARDS.

ANOTHER OPINION REGARDING PUPIL NURSES.

I have read with much interest the article in the September CANADIAN NURSE on "Should Nurses in Training be Paid?" I am glad the question has been raised, and hope it may be fully discussed. The matter is one of great importance, both as regards nurses and hospitals. For myself, I have gone through various stages of evolution regarding the question. I can look at it from both the hospital and the nurse's standpoint, and after years of meditation and experience am ready to answer the question unhesitatingly in the affirmative. Pupil-nurses should be paid. I do not say how much they should be paid, but certainly sufficient to defray the cost of uniforms, text-books and ordinary current expenses. Pupil-nurses should not enter the hospital expecting to save money, though many of them do. At six dollars a month one girl will be "strapped" every month before the next payday comes, while another will save at least a dollar or two a month on an average.

I do not believe they should receive anything for the first three months at least, which should be the probation term. A good many years of experience in training nurses has led me to believe that for nurses in general a three months' probation is fairer than a shorter term. There are many nurses who are so slow and apparently stupid during the first month that if a decision had to be rendered then as to their acceptance or rejection they would have had to go. By the end of the second month they had gotten over the awkward self-conscious stage, and in three months had developed unsuspected capabilities.

During the first three months the nurse learns more than in any similar period in her training. It seems manifestly unfair to pay her during that time, give her board, lodging, laundry and tuition, and then have her decide that she would prefer millinery or stenography, or that her back is not very strong, or her mother wants her to come home. Therefore, I would suggest that no allowance be paid until at least three months of experience on both sides has been gained, and she has settled such matters as millinery, spinal columns and home responsibilities.

When the non-payment system was started it was claimed that it would put an educational stamp on the nurse, add dignity to the school and so on. It was started by a few hospitals happily situated when there was a great abundance of nursing material to choose from. But, unfortunately, the prospective candidate for nursing does not always understand the indefinable dignity that working without an allowance will confer on her. She is very apt to want enough of an allowance assured to make her pecuniarily independent of her relatives while in training. It has been claimed that this indefinable dignity and educational stamp which the no-allowance system was supposed to confer would attract a superior, better-educated class of candidates. I am very sure this has been a mistake. The girls who would remain out of a school because it paid a monthly allowance are few and far between. The girls who could not afford to enter unless an allowance were paid are very numerous. I know of several schools that tried to adopt the no-payment system and very soon found themselves embarrassed for want of nurses. One large school advertised it, and in six months the school had become so depleted that they were glad to go back to the allowance. It took them a couple of years to get the training school ranks satisfactorily filled again. When I visited the school they were running thirty nurses short of their required number. It certainly leaves much less opportunity to make a selection of candidates, and a great many schools that pay no allowance lose splendid candidates every year and have to carry on their staff inferior candidates because no one else is in sight to take their places.

Thus far I am in accord with "A. E. B." I do not agree with her that the chief qualification for entrance should be an educational one, nor do I believe that test would bar out "undesirables." One of the most undesirable candidates I ever had was a college graduate, who announced on her arrival that she was a "Student Volunteer" bound for China or Africa or India, wherever the demand for her seemed greatest when she was through her training. I worried along about a month with her, and then set her free to go to a foreign shore—anywhere, so the hospital was relieved of her presence. The three first qualifications I should place as a good moral character, good common-sense and good health. If a candidate had these and a reasonable amount of education, such as might be secured in a Public school, and had a general nursing aptitude, I would have hopes of her, and could excuse her if she never learnt to spell tachycardia or cholelithiasis correctly. I admit it is provoking to have a nurse send up one examination paper after another with disease spent minus the a—and chronic minus the h—but I have had High school graduates who could not, apparently, be taught to spell some common words correctly. The rule since I have known anything about training schools has been that, "all other things being equal, candidates who have had superior

educational advantages will be preferred," and I confess I do not see how, under present conditions, that rule can be improved on. A fixed educational standard is both unwise and non-feasible at the present time. No greater mistake has been made in registration requirements in some States than the fixing of an impossible standard of education.

I wish to decidedly protest against this statement in "A. E. B.'s" article: "It looks as though those in authority care nothing for the future welfare of the nurse so long as they can get the maximum of work from her during the three years she is forced to spend under their care." There are heartless hospital superintendents and trustees, just as there are heartless nurses, and doctors, and preachers, and teachers. There are good and bad in all lines of activity, but those individuals are the exception—far from being numerous. I know from personal experience that a considerable number of nurses enter the hospital with some physical defect. It makes no difference how searching the physical examination blank sent out by the hospital is, there will be found some way to evade it. The candidate's family physician will gloss things over in a great many cases and send in a good report on physical condition. I have had a number of nurses who had sent in an almost perfect report on physical condition, who had omitted to mention such a trifling defect as a double hernia. Another had a well-developed goitre, another a wry neck, another a slight spinal curvature. I had one candidate who had sent in a splendid report on physical condition who told me inside of a week after entrance that she had suffered with "stomach trouble" all her life, and was glad now she was in a place where she could get it attended to. Another told me inside of a fortnight that she had had paralysis of her right arm, while hemorrhoids and minor gynecological difficulties have apparently developed in an astonishingly short time after arrival at the hospital. If a girl was a promising candidate and the difficulty was one that could be rectified by a surgical operation, I have always urged it, and arranged for it at some time before the nurse finished her course. I have rejected nurses on the question of health many a time, but I have yet to meet the nurse who was made either a physical or mental wreck from overwork during her training. If she entered with a physical defect and fell out by the way she has no right to blame the hospital. Lots of nurses get very tired before the training period is over, but there is a tremendous difference between being very tired and being "a physical or mental wreck." Usually the very tired girl gets rested in a month or two, and some of them in a couple of weeks. I have had dozens of nurses who have put on flesh and improved wonderfully in general health and appearance while in training. Let us be fair in discussing these matters.

I could give numerous examples from my own experience of special interest on the part of the hospital authorities in the health

of pupil-nurses. In my first year as a superintendent I had a nurse who developed rheumatism—the feet and ankle joints particularly being affected. She was an orphan and two days' journey from any relative. She needed several weeks' rest after the acute stage of the illness was over. The question was how was she to get it? Where was she to go? I spoke to a member of my board about it, and in a few days received a letter telling me that arrangements had been made for her to go to the seashore for two weeks, or longer if necessary. The nurse had never seen the ocean, and a more delighted girl I never saw when I told her she was to go as the guest of the hospital board and have all expenses paid. This is only one illustration among many that I might give of special interest shown by hospital superintendents and managers. I could give some illustrations on the other side also, but I think "A. E. B." would probably modify that statement if she had a few years' experience as a superintendent. It is hardly fair to judge all hospitals from experience with one. The greatest difficulty I have had with some nurses was to get them to tell me when they were not feeling well before they were obliged to give up. I have had four nurses report "off duty" on the same morning because of a night "spread," following the arrival of a box from home, while a too-free indulgence in ice cream soda on the part of my nurses has upset my plans (and equilibrium) many a time. What would you think of a nurse who was already "off duty" and feeling "poorly," and being on "light diet," who surreptitiously consumed the whole of a pound box of chocolate creams in one day. Please, gentle critics, do not blame the hospital authorities and the work for all the ills of pupil-nurses.

CHARLOTTE A. AIKENS.

ST. MARY'S HOSPITAL, ROCHESTER, MINNESOTA.

A new shrine of healing has arisen in the west, and the feet of many professional, as well as of lay pilgrims, are turning to a little town in Minnesota, where two young surgeons are doing some big things, in a rather quiet way.

There is nothing meteoric or sensational in the career of the Mayo brothers, though the story of the inauguration of the Hospital of St. Mary's, and their association with it, has something of romance in it. They have become widely known, not only for successful surgery, but because, in America at least, they have led the movement toward the simplification of surgical technique, especially in the complicated service of the modern operating room. The latest cry in surgery, as in the other branches of the profession, is the reactionary cry of Rousseau—"back to nature." How far the old defences may be safely removed and the old conventions ignored without danger, are questions that the

more conservative men in the profession are debating earnestly. On the other hand, the lopping-off of many non-essentials has been marked by a decided advance in the speed of operating, the cost of hospital maintenance, and in good results generally.

Trained in the good old times, when a surgical preparation was a matter of tremendous, almost of religious significance, it was something of a shock to one old-fashioned nurse to see patients arriving in the operating-room of this famous institution with no preparation of the skin beyond a soap and water bath, and the customary shaving. The contention seems to be that the action of friction and the use of irritating solutions make the skin more susceptible to infection. A roughened skin, either of the patient or operator, is to be of all things avoided. The surgeons and assistants wear gloves so that no rigorous preparation of the hands is necessary. The field of operation is washed off with Harrington's Solution and alcohol, the sterile towels fixed in place and the work proceeds.

The observer is impressed with the limited equipment in view. There is no amazing array of glass tables and solution basins and showy paraphernalia. Very little solution is used and almost no irrigating done. The appliances are simple, but convenient, the service quick and intelligent, and the work proceeds with almost incredible dispatch.

Small though they are, the two operating-rooms are arranged to give limited accommodation to the two or three score of doctors who come from far and near to attend the clinic of St. Mary's Hospital. From 8 a.m. to 2 p.m. every day, except Sunday, from fifteen to twenty-five patients are operated upon daily by the chief surgeons, the interesting features of each case being discussed and freely explained as they proceed.

There is no time here to describe the methods employed in the various operations. Dr. Will Mayo has achieved considerable distinction in the field of abdominal surgery, particularly in cases of gastric and duodenal ulcer, and gall-bladder operations. Dr. Charles Mayo has made a specialty of thyroid operations, being remarkably successful in the surgical treatment of exophthalmic goitre. In very severe cases the minor operation for ligation of the arteries, which supply the gland, is performed first, being followed in 4 to 6 weeks or even longer, by the major operation of thyroidectomy. The percentage of deaths from operation during last year was 5 in 124 cases, and recovery followed in the vast majority of cases.

The methods of treatment before and after operation are perhaps a little different from the routine practise, except that there seems to be less fuss made about everything and as little treatment as possible given. The preliminary purgative and enema is given as usual, but the long period of starvation practised by many good surgeons is not followed. Indeed, there

seems to be little emphasis placed on diet, either before or after operation, the patient generally being induced to eat as much as possible and a very full and nourishing dietary provided. For a day or so after operation, in routine cases, beer and buttermilk form the staples of diet. The patients are put up and go about much earlier than is usual in abdominal cases. In severe cases the nursing attention is as constant and careful as possible, but in the more ordinary cases any kind of coddling or extra attention is strongly discouraged. All classes of patients are treated in the same way. Very few drugs are used, the stomach pump and rectal tube being more in evidence than the hypodermic syringe and the medicine glass. One looks in vain for many familiar old friends. The scultetus binder and abdominal pad, the laparotomy sheet, and the infinite variety of dressings and bandages and intricate appliances have alike sunk into oblivion. I'm afraid the dressing carriage, with its array of basins and bottles, and its bewildering variety of solutions, bids fair to follow.

The principle of non-interference with nature healing processes simplifies the work of surgical dressing. The least possible interference with any wound is allowed, and except with very offensive discharges no bathing or irrigating solution seems to be used. The surface is gently brushed over with a swab saturated in a dilute solution of alcohol. Stitches are removed or drainage arranged or dressings applied with forceps, so that the tissues are bruised as little as possible. Granulations are seldom touched, unless they become too exuberant. In tubercular conditions, or where there are old discharging sinuses, the bismuth paste injections originated by Dr. Beck, of New York, are being used with apparently good results.

I must not complete this very fragmentary sketch without noting a fact that must be particularly gratifying to all nurses. In St. Mary's Hospital all the anesthetists employed are nurses. Miss Alice MacGaw, who has recently resigned, has completed a wonderful record in the administration of anesthetics, and is considered one of the best authorities on the subject. She has put to sleep over seventeen thousand patients without one death on the table. Sister Mary Joseph, who has also been for many years in the institution, in the capacity of chief assistant to Dr. Will Mayo, is a marvel of manual dexterity and skill. There is no limit to the possibilities in the nursing profession, for the intelligent, faithful, ambitious worker.

The training school in connection with St. Mary's is as yet in its infancy. The nursing is done largely by the Sisters and outside graduates who are employed for not less than a year's service. As far as an outsider could judge, the nursing service is little different from that of our own institutions, except that a minimum rather than a maximum of nursing attention is encouraged, and that not from any indifference to, but rather a

regard for, the patient's welfare. Where the great percentage of patients have neurotic tendencies, and have probably been over-pampered and over-treated all their days, this Spartan method seems to act well. It would need to be in wise and judicious hands, however, and could not be recommended indiscriminately to nurses generally.

I. S.

NURSING RENAL DISEASES.

One of the most common diseases of the kidneys is uremia, the name applied to a group of symptoms resulting from the retention of toxic materials in the blood which should have been eliminated by the kidney. Uremia may develop slowly or abruptly and may manifest any of the following phenomena: Headache, vertigo, delirium, epileptiform convulsions, coma, sudden blindness and transient paralysis.

Treatment.—Encourage sweating by use of vapor bath or hot pack, and catharsis by concentrated solution of Epsom salts, elaterium, gr. 1-8, or croton oil, one drop to a drachm of olive oil. Relieve renal engorgement by poultices, dry or wet cups to loins. Where patient is robust and the pulse is strong, venesection is frequently resorted to. If the pulse is very weak, alcohol, strychnine, digitalis and ammonia may be ordered hypodermically. In convulsive seizures chloral may be given by the rectum. Nitrate of amyl or chloroform by inhalation, or morphine hypodermically.

Nephritis—An acute inflammatory process, involving more or less of the whole kidney, but especially affecting the epithelium of the tubules, and glomeruli. The most common causes of this condition are exposure to cold and wet, poisons of the specific fevers, particularly scarlet fever; toxic agents, as turpentine, cantharides, carbolic, etc.; pregnancy, in which the condition is thought to result from compression of renal veins; occasionally in connection with extensive lesions of the skin, as in burns or chronic skin diseases.

Treatment.—Put patient, clad in cotton flannel, in bed, between blankets. Diet consists of milk or buttermilk, light gruels. Give freely of alkaline mineral waters, water, or lemonade. Give the kidney rest by utilizing skin and the bowels. At the outset, when there is pain in the back or hematuria, the dry or wet cups give relief (the latter should not be used in the case of a child), also warm poultices, hot bath, with subsequent pack, copious diluents and a free purge. The dropsy best treated with hot pack or vapor bath. If skin does not respond to treatment, pilocarpine, usually gr. 1-6 to dose, hypodermically, saturated solution of mag. sulph., elaterium and jalap pulv. are sometimes

substituted. Severe cases in pregnancy require induction of abortion or premature labor. In some cases, where dyspnea is marked, owing to pressure of fluid in pleurae aspiration is performed, vomiting relieved by ice and restricted fluids.

For persistent albuminuria, nitro glycerine is sometimes ordered.

For anemia, after acute symptoms have subsided, iron is given. Dilatation of heart treated with digitalis and strychnia. In convalescence guard against cold. Diet, principally milk. Change of air beneficial, particularly residence in warm, equable climate.

Chronic Bright's Disease.—Following an acute nephritis, the disease may present, in a modified way, the symptoms of that affection. In many cases it sets in insidiously, after a period of failing health, and loss of strength. The patient becomes pale, and puffiness of the eyelids or swollen feet are noticed on rising in the morning.

The treatment is largely dietetic and hygienic. Residence in dry, warm, equable climate may prolong life or effect a cure. Rest is an essential element in the treatment. The underclothing should be woollen or silk. The diet should be non-nitrogenous, and in severe cases an absolute milk diet may be of extreme value. The bowels should be kept active by natural mineral waters or saline laxatives. In excessive dropsy, promote catharsis by Epsom salts, in concentrated solution, and diaphoresis by the hot air bath or hot pack.

Floating Kidney—A distinctly mobile condition of the kidney, dependent upon a relaxation of the surrounding tissues. Most common in women of middle life, caused by congenital relaxed condition of the perinephric tissues, muscular exertion, repeated pregnancies.

Symptoms.—The right kidney is usually the affected one, probably from its relation to the liver. The kidney may be found in any part of the abdomen, as a movable tumor. A sense of uneasiness and attacks of neuralgic pain are often noticed. At times the kidney may become swollen and very tender, probably from the twistings of the renal vessels, inducing engorgement of the organ. Emotional disturbances are often excited by the condition.

Treatment.—In many cases a regulated diet, the avoidance of undue exertion, and the use of a broad binder applied firmly to the abdomen will be the only treatment required. When the symptoms persist, the kidney may be stitched in its normal place.

The nursing of diseases of the kidney requires constant vigilance on the part of the nurse, medicines and treatment given promptly and carefully, watching closely for any of the new symptoms which may at any moment develop, and report-

ing the same accurately and intelligently to the attending physician. The quantity of urine should be measured, noting change of color, etc., administering water in large quantities, and proper food, carefully prepared, regulation of temperature of room, and strict observance of all hygienic rules. Great care must be exercised during the convulsion seizures, as the patient is liable to bite his tongue or otherwise injure himself.

Toronto.

ELIZABETH ROSS GREENE.

CANADIANS IN LONDON.

The Church Zenana Missionary Society welcomed a large party of Canadian delegates to meet their Missionary Sisters from India and China at the Manor House (Leigh Rd. Highbury), on June 26th. This is one of the Rest Homes, so thoughtfully provided by the Society for the use of missionaries returning from foreign countries on furlough, who may possibly have no home to go to or who need to be in London for business purposes, and alas! too often for medical care. Sir Mackworth Young spoke strongly on the need for realising the extent of the opportunity now offering for work in India especially, where there is a most definite and wide-spread cry for education among the female population. A similar desire was manifested about 25 years ago by the males, but was unfortunately most inadequately met or some of our present difficulties would have been lessened.

As a proof of the strong fellowship existing between the Canadian and English Churches it is pleasing to hear that 14 out of the 22 dioceses of Canada support the Zenana Mission, and by their help the following are wholly or in part provided:

Two Missionaries, Miss Strickland (India), and Miss Wade (China); 25 Biblewomen, 2 Teachers in Kurrachee, several scholarships, 24 individual children maintained, 1 cot at the Peshawur Hospital; in addition, the sum of £21 was most thoughtfully sent towards the Missionaries' loss through bank failure.

Mrs. Hare of Montreal returned thanks for the very kindly reception and hospitality shown to the Canadian delegates and the meeting terminated with the singing of some Indian and Chinese hymns, which sounded very weird in the English surroundings. Refreshments were lavishly dispensed and opportunities for talk amongst those of different nationalities, but of the same missionary zeal, were freely used. Curios from various foreign lands were on view and literature connected with missions was on sale. Canadian nurses would be interested in reading some sketches of medical work in an Indian village mission by Dr. Charlotte S. Vims, entitled "In and Out of Hospital" (price 1s. 6d.) which contains a very bright and realistic account of medical and nursing work in that mysterious land of India.

M. A. ELLISON.

Clinical Department

USING LITTLE BAKING DISHES.

Did you ever experiment to see how much nicer a great many foods taste if prepared in little individual baking dishes, than if cooked in bulk? One trial will convince you that for invalids this is far the best way to serve a great many different foods. These little earthenware baking dishes, flat, and holding about a teacupful can be procured at any up-to-date crockery store for from five cents each upward. They are particularly desirable for serving many kinds of vegetables and left over meats. A bit of cold mashed potato can be made into a delicious supper dish for the convalescent by adding to about three-quarters of a teacupful of potato, seasoned, an egg beaten separately. The stiff white is folded in lightly the last thing. It is then dropped into the little baking dish and allowed to come to a rich brown in the oven.

If canned corn is to be served, mix with milk, a little butter and seasoning and enough stale bread or cracker crumbs to make it spongy. Pour into the little baking dishes and bake till nicely browned. Tomatoes can be prepared in the same way.

Baked beans and macaroni also will taste better to most invalids if served in the dish in which they are baked. Scalloped potatoes will have an added charm if the little baking dishes are used. For hospital use, these little baking dishes can be set in a long baking pan to cook, and the food is less likely to become chilled by handling or on its way to the patient.

In the line of meats, left-overs may be converted into delectable dishes by a little skill in mixing and cooking and serving in these little baking dishes. A bit of chicken, that seemed too small to be worth serving, can be creamed, a little cracker crumbs added, and baked. Scalloped oysters or scalloped salmon, or a bit of white fish or mackerel never taste better than when served in this way. A bit of cold beef can be minced finely, mixed with a little cold mashed potatoes, and when baked in the little individual dishes, makes an appetizing dish which no one would dream of calling "hash."

In the line of desserts, there is almost no end to those which can be prepared in this way with advantage. Cup custards, baked rice pudding, apple and bread-crumbs pudding, baked apple dumplings, and a great variety of others that will readily suggest themselves to the cook, will be made more appetizing if prepared and served in this way.

These little dishes can be garnished quite effectively, and made to add not only to the relish of the meal but to the appearance of the tray.

C. A. A.

NURSES.—(*Continued.*)

Miss E. Brodie, Montreal, Que.; Miss M. A. Davidson, Montreal, Que.; Miss Jessie Macduffie, Montreal, Que.; Miss I. Chubb, Montreal, Que.; Miss I. J. Sexton, Montreal, Que.; Miss G. French, Montreal, Que.; Mrs. E. Porter, Montreal, Que.; Miss H. Dodd, Halifax, N.S.; Miss L. Archibald (Head), Halifax, N.S.; Miss M. McPherson (Head), St. John, N.B.; Miss K. Hormgold, St. John, N.B.; Miss Alice M. Downs, St. John, N.B.; Miss M. G. Morrison, Truro, N.S.; Miss G. Sothern, Yarmouth, N.S.; Miss M. E. Duncan, Sydney, C.B.; Miss M. E. Crocker, Baddeck, C.B.; Miss Florence Simpson, Causo, N.S.; Miss Annie Andrews, Fernie, B.C.

RESERVE LIST.

Miss E. G. Baker, Miss A. Barrett, Miss F. Address, Miss E. M. E. Smith, Miss Violet Nesbitt.

THE new Lady Minto Hospital at Minnedosa, Manitoba is nearing completion. It is an attractive brick building, lighted by electricity and heated by hot water. It has an ideal location, commanding a splendid view of the surrounding country, which is very beautiful. The Hospital will accommodate ten patients. The corner-stone was laid by the Chief Superintendent of the Victorian Order on August 12.

THE Trustees of the Queen Victoria Hospital, Revelstoke, B.C., have extensive plans for a \$15,000 addition to the Hospital. When completed the building will be an up-to-date hospital of forty-five beds. This Hospital has just completed its seventh year of most efficient work.

A POST-GRADUATE course in District Nursing, four months, is given at one of the Homes of the Victorian Order of Nurses, either in Ottawa or in Toronto. For full information apply to the Chief Lady Superintendent, 578 Somerset Street, Ottawa, or to the District Lady Superintendent, 206 Spadina Avenue, Toronto, Canada.

The
Guild of



Saint
Barnabas

"Je le pansay ; Dieu le guarit." [I tended him ; God healed him.]
—Ambroise Paré.

Canadian District

MONTREAL.—St. John Evangelist, first Tuesday, Holy Communion at M.G.H., 6.15 a.m. Second Tuesday, Guild Service or Social Meeting, 4 p.m. Third Tuesday, Guild, Service at St. John's, 8.15 p.m. Last Tuesday, Holy Communion at R.V.H. 6.15 p.m.

District Chaplain—Rev. Arthur French, 158 Mance Street.

District Superior—Miss Stikeman, 216, Drummond Street.

OTTAWA—The Cathedral, First Monday.

Chaplain—Rev. Canon Kitson, the Rectory.

Local Superior—Miss L. C. Wicksteed, 494, Albert Street.

TORONTO—St. James' Cathedral Rectory, last Friday, 8 p.m.

Chaplain—Rev. Canon Edward A. Welch, St. James' Cathedral Rectory.

Local Superior—Mrs. Welch.

Secretary—Miss Maud Roger, 5 Howland Ave.

Another benefit is the badge. I was sitting in the Art Gallery of the Exhibition in Toronto one day, when a lady came running across to me and said, "I am so glad to meet somebody I know; you are a member of the Guild of St. Barnabas, and so am I." Here was the badge, and there was the other badge on her watch-chain, and we chummed (is that a good word here?) together all the afternoon and evening; we had a good time. Then, three years ago, in the city of Charleston, the Superintendent of our large hospital was going along the street and met a nurse. She said, "Excuse me, you are a stranger in Charleston, are you not?" "Yes, I am, I live at St. Louis." "You are a member of the Guild of St. Barnabas?" Her face lit up and she said, "Yes, I am; I am so glad. I am here with a patient, and I have not met anyone outside the hotel to speak to." And they went back together to the hotel. She wrote a letter to the Guild of St. Barnabas afterwards, and said, "Charleston is the nearest to Paradise that I know of." All because of the badge of the Guild of St. Barnabas.—*Chaplain Wood, of Charleston, S.C., at the Anniversary.*

My Scallop-Shell of Quiet

*GIVE me my scallop-shell of quiet,
My staff of faith to walk upon,
My scrip of joy, immortal diet,
My bottle of salvation,
My gown of glory, hope's true gage;
And thus I'll take my pilgrimage.*

*Blood must be my body's balmer;
No other balm will there be given;
Whilst my soul like quiet palmer
Travelleth toward the land of Heaven;
My soul will be a-dry before,
But, after, it will thirst no more.*
—Sir Walter Raleigh.

SMALL EQUITIES.

God takes pleasure in the small equities that are apt to elude our notice, for those equities are a sign of character.—*T. G. Selby.*

THE COMMON WELFARE.

“Neither to do good nor to do evil” is a covert surrender to the powers of diabolism. The growing temper of brotherhood, bound to prevail in the no very distant future, will classify as miscreant the man who, in his refined selfishness, abstains from all part in questions that concern the common welfare.—*T. G. Selby.*

CITY SINS.

It is not only open sins that He will punish. In this judicial visitation He will bring special methods to bear, searching the inner phases of city life with fearful strictness and sharp illumination. A speck no bigger than a pin-head may sometimes contain the programme and password of Anarchy, for the Anarchist uses photography to reduce the chances of detection when he wants to communicate with his comrades and the tiny speck may set a continent in a blaze. And so with the little sins and perverted beliefs of our secret hearts. This half-articulate murmur which makes God magnificently inert may have a power of mischief in it sufficient to wreck a universe.—*T. G. Selby.*

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No. 10.

Editorial.

A CANADIAN NATIONAL COUNCIL OF NURSES.

A movement has been on foot for some time towards the union, through their accredited representatives, of all the graduate nurses' associations in Canada. We had the honor of heralding in our July number the beginning of the movement, and it now gives us great pleasure to announce further that steps will be taken towards the formation of such an organization upon the occasion of the annual meeting of Superintendents of Canadian Training Schools for Nurses in Ottawa, on October 8th and 9th.

The President, Miss Snively, and officers of the Superintendents' Association have wisely taken the initiative by inviting all graduate nurses' associations to send one or more representatives on that occasion, and there can be no doubt that the meetings convened will take the necessary preliminary steps for organization. We hope that within a few days after this issue is in the hands of our readers the Canadian National Council of Nurses will be a reality. If there are any graduate nurses' associations who have through any mistake not received due notification of this meeting, they are requested to take action at once, either by writing to Miss Snively to give their support to the plan, or by sending representatives to Ottawa for October 9th.

THE SOCIETY OF SUPERINTENDENTS OF CANADIAN TRAINING SCHOOLS FOR NURSES.

We have great pleasure in announcing the second annual meeting of the Society of Superintendents of Canadian Training Schools for Nurses, which will be held at the Lady Stanley Institute, Ottawa, on October 8th and 9th, 1908.

The following programme has been arranged:

THURSDAY, OCTOBER 8TH.
10.30 a.m.

Call to order.

Invocation, His Lordship the Bishop of Ottawa.

Address of Welcome, His Worship the Mayor of Ottawa.

Address of the President.

Report of Council.

Minutes of Preliminary Meeting.

Report of Treasurer.

Appointment of Nominating Committee.

The Early Hospital History of Canada, Miss Meiklejohn.

Afternoon Session—3.00 p.m.

The Trained Nurse in the World's Work To-day, Miss Brent.

4.00—Demonstration at the General Protestant Hospital.

5.00—Afternoon Tea. Hostess, Miss Meiklejohn.

FRIDAY, OCTOBER 9TH.

10.30 a.m.

Report of Council.

Election of New Members.

Report of Auditors.

Unfinished Business.

Report of Nominating Committee.

Election of Officers.

Training School History, Miss Green.

Preliminary Training, Miss Stanley.

Discussion.

Afternoon Session—3.00 p.m.

A Day's Work, Mrs. Harris.

The Nursing of Children, Miss Potts.

The Visiting Nurse, Miss Shaw.

OFFICERS.

President—Miss Snively, T. G. H., Toronto.

1st Vice-President—Miss Chesley, S. L. H., Ottawa.

2nd Vice-President—Miss Livingstone, M. G. H., Montreal.

Secretary—Miss Brent, S. C. H., Toronto.

Treasurer—Miss Meiklejohn, L. S. I., Ottawa.

Councillors—Miss McDonald, V. G. H., Halifax; Miss Wilson, W. G. H., Winnipeg; Miss Henderson, R. V. H., Montreal; Miss Molony, J. H. H., Quebec; Miss Macfarlane, V. G. H., Vancouver; Miss Patton, G. H., Toronto; Miss Greene, B. G. H., Belleville; Miss Scott, K. G. H., Kingston.

Auditors—Miss Sharp, W. G. H., Woodstock; Miss Stanley, L. V. H., London.

CHANGE OF ADDRESS.

We are requested by the officers of nurses' associations to ask, as a help and favor to them, that nurses who change their residences, or addresses, or their places of work, notify THE CANADIAN NURSE at once. Our "Personal" Department is always eagerly scanned by these officers, so that they may correct their lists. By sending such information to us you perform a duty of importance to yourself, your association, and to THE CANADIAN NURSE. Always do, it please.

INCORPORATION OF THE GRADUATE NURSES' ASSOCIATION OF ONTARIO.

The Government of the Province of Ontario has granted the application of the Association for incorporation, and thus another step has been gained, on which we heartily congratulate the Association. Its objects, as stated in the charter, are: to advance the educational standard of nursing, the maintenance of the honor and standing of the profession, and to further necessary legislation in the interests of the public, the physician and the nurse.

The Act of Incorporation is granted to the following nineteen members: Louise Cecelia Brent, Elizabeth McLeod Patton and Kate Mathieson, Hospital Superintendents; Mabel Prudence Roden, Josephine Hamilton, Julia Steward, Ethel Bovell Barwick, Annie York, Mary Gray, Carrie Evelyn DeVellin, Lena Margaret Graves, Lucy Bowerman and Florence Janet Potts, nurses, and Agnes McIntyre Paffard, of Toronto; Annie Isabel Robinson, of Galt; Hannah Hollingsworth, St. Catharines; Frances Sharpe, Woodstock; Rose Winnifred Tilley, Kingston, and Clara Hannah Greene, Belleville.

THE FIRE AT FERNIE.

News from Fernie, Cranbrook, and Nelson, B.C., is reassuring, and shows that the great calamity has been met with courage and resourcefulness, by the inhabitants, while practical sympathy from near and far was not wanting. The patients from the Fernie hospitals were transferred safely to some of the Coal Company's sheds which had not been burned, and the refugees who did not go to friends in other places were nearly all taken to Cranbrook, where supplies were sent from all over Canada. Sisters of the Roman Catholic Church conduct a large hospital at Cranbrook and there cared for all needing hospital treatment. We are informed that the relief work at Cranbrook is admirably organized, the sanitary arrangements are excellent and all who receive help earn it unless they are unable to work. We are indebted for the above facts to Miss Edith Lumsden, Superintendent of the Kootenay Lake General Hospital at Nelson.

THE EXCLUSION OF IRELAND.

Irish nurses possess their full share of that political genius for which the nation is celebrated, and we are not surprised to see that the ill-judged action of the Irish Home Office in excluding Irish nurses from the benefits of the Registration Bill at present under discussion, has roused a storm of indignation. The Irish press has

gallantly supported the nurses. *The Irish Times*, *The Freeman's Journal*, *The Dublin Daily Express*, *The Dublin Evening Mail*, and other leading journals have spoken strongly. "Is what is beneficial in England and Scotland, injurious in Ireland?" asks one of them. We are indebted to Mrs. J. Kildare Tracy for a copy of the *Irish Times*, in which three columns or more are devoted to the subject, and in which a most interesting account is given of a great meeting of Irish nurses, under the presidency of the matron of the Rotunda Hospital, Miss Ramsden. *Magna est veritas, et prevalebit.*

LATER.

Advices just to hand state that Lord Crewe has already acted on the vigorous representations made to him, and that Ireland will not be excluded from the benefits of the Bill. This is good news.

STATE REGISTRATION.

For twenty-one years there has been in Great Britain not only a general interest in the question of State Registration for Nurses, but an organization to carry such legislation into effect as will enable those who need a nurse to distinguish qualified nurses from unqualified nurses.

The society for the State Registration of Trained Nurses is that organization, and they succeeded, last session, in placing their Bill before Parliament. That Bill has now passed, without opposition, its second reading in the House of Lords, and been considered in Committee. Lord Crewe, Lord President of the Council, has, on behalf of the Government, offered certain amendments, and these amendments and the whole Bill will again be considered in Committee of the whole House during the Autumn session, and will subsequently, it is hoped, receive its third reading, and be in due time considered and passed by the House of Commons.

Among the amendments proposed by Lord Crewe was one, at the request of the Irish Local Government Board, that the Bill should not apply to Ireland. Irish nurses and many Irish Lords are justly impatient at this, and will make representations on the subject to the Irish Local Government Board. Another Government amendment provides that the Council shall consist of 15 persons, three to be appointed by the Privy Council, one of whom shall be a woman; six to be registered medical practitioners, and six to be nurses. The six nurses are to be appointed at first as follows: Two by the Matrons' Council, one by Queen Victoria's Jubilee Institute, one by the Royal British Nurses' Association, one by the Asylum Workers' Association, and one by the Society for the State Registration of Trained Nurses. But when a sufficient number of nurses have been registered they are to form a constituency to elect the six nurses, in place of the before-mentioned appointment.

A third amendment provides for the recognition of "associate nurses," "having a lower standard of training than that required in the case of registered nurses."

None of these amendments, nor any part of the bill, of course, has become law. They are merely to be discussed in the autumn. But the House of Lords has, it is generally felt, affirmed the principle of State Registration for Nurses when it passed, without division, the second reading of the Bill. On this victory great congratulations to our home sisters! In winning the battle for themselves thus far in the Imperial Parliament, they have helped to win it for us and for the world.

THE BRITISH ARMY NURSING SERVICE.

Two important announcements have recently been made by the War Office in London. One establishes a Reserve for Queen Alexandra's Imperial Military Nursing Service, and the other establishes a Nursing Service for the Territorial Force. The policy of the War Office is of a thorough and progressive character, and the organization which is now being completed will give the British Army and Reserves a modern, skilled, efficient nursing service.

Editorial Notes.

DENMARK.

The Danish Nurses' Union.—Like ourselves, the Danish Nurses' Union are working for registration. The Union is flourishing greatly, and has markedly improved the position of the profession.

INTERNATIONAL

The Council of Nurses.—The next meeting will be held in London in the summer of 1909. We hope our readers will bear this in mind and plan to go.

The International Congress of Tuberculosis.—It has been arranged that, in addition to papers given by nurses in the general meetings of the Congress, and special exhibits of nurses' work, there will also be special Nurses' sessions at the Congress. The committee who have this in charge are: Miss Maxwell, Miss Goodrich, Miss Wald, Miss Hitchcock, Miss Damer, Miss Dock (Secretary), Mrs. Robb and Miss Nutting (Chairman). Tuberculosis nurses are asked to send the leading facts in connection with their work, briefly stated, to Miss Dock, at Fayetteville, Franklin County, Pennsylvania. It is desirable to show the extent and the nature of the nurse's share in the anti-tuberculosis campaign.

GREAT BRITAIN.

Nurses' Registration Bill.—Lord Ampthill, who, it will be remembered, was one of our defenders in the House of Lords against a recent iniquitous bill, has now introduced, with slight

changes, Mr. Munro Ferguson's bill. As Mr. Munro Ferguson's bill and Mr. Claude Hay's bill in the Commons have both been dropped, Lord Ampthill's holds the fort, and if it passes the House of Lords, will be all ready for the autumn session in the House of Commons.

The Glory of Mission Work.—Under the above title, *The Nursing Times* gives an interesting account of an At Home given by the matron and staff of the Chelsea Infirmary to Miss Richardson, Secretary of the Nurses' Missionary League, and Miss Fox, recently returned from Bangalore. Miss Fox gave a vivid picture of work in India, touched with humor, and full of the glory of Mission work.

"A Rancee as a patient is trying in more ways than one, and Miss Fox managed cleverly to convey an almost inconceivably difficult picture of a Rancee patient arriving with her various belongings—mothers, cousins, aunts, and cooking impedimenta—and squatting down in the middle of the nice, trim ward surrounded by the same. Again, where thirty-eight beds are provided, and fifty patients received, difficulties may be confidently looked for, whilst caste prejudice, which commands that an English nurse shall stand on the threshold of a kitchen, and watch the milk boil over, rather than contaminate it by her touch, is more humorous in the recital than the deed."

The King Saluted the Nurses.—A group of nurses in uniform, belonging to the Kensington District Nursing Association, were walking across the park one afternoon lately, when the King drove quickly by, and as he met them raised his hand and saluted them. The nurses had barely time to curtsy before the King was gone. They went home very proud both for themselves and the profession.

UNITED STATES.

Mental Nursing.—Under the leadership of Miss Julia Lathrop, a member for many years of the Illinois State Board of Charities, and now Director of the Chicago School of Civics and Philanthropy, a summer course has been arranged, in the programme of the last named school, for attendants upon the Insane and Mentally Defective. The course is clever and original. The value of occupation for patients will receive due attention, and the course will be intensely practical as well as scientific. As *The Journal of the American Medical Association* says, "It will transform the asylum attendant into an intelligent teacher, and substitute educational for purely custodial care." We are deeply interested in this announcement, we hail it with delight, and *The Canadian Nurse* and all her readers wish it great success.

SCOTLAND.

School Nurses.—The Secretary of State for Scotland has decided that School Boards in Scotland may employ nurses or

arrange with voluntary agencies to supply nurses, and may provide appliances and other requisites. It is to be hoped that the movement for school nurses in Scotland may be as successful as it is in England. In Liverpool now there are 35 school nurses.

Nursing Section of the Scottish National Exhibition.—This section is complete, well-arranged, and placed in a most favorable position close to the main entrance. Most of the hospitals and leading firms have exhibits, but probably the most interesting and instructive are "The Crèche" and the room devoted to the Q.V.J.I., Scottish branch. Maps, uniforms, special appliances, all the heart of a nurse can desire, are shown here. From June to September are weekly lectures on Home Nursing. Great congratulations are due to the Professional Nursing Committee, which organized the section.

Miss Rachel F. Lumsden.—The death of Miss Lumsden, at the age of 73 years, recalls the great services which, as Superintendent of the Royal Infirmary of Aberdeen, she rendered to the public and to the profession. She took the post in 1885 at a time of crisis, she left the Infirmary in 1897, a model of what an infirmary should be. Miss Lumsden, who was highly connected and wealthy, always refused to accept any salary for her services. These services were gratefully recognized by all, from the Queen to the peasantry. Queen Victoria once sent her a message that "She had learned with interest and deep appreciation of the great and valued services Miss Lumsden had given with untiring zeal and self-denial to the sick and suffering of Aberdeen."

Edinburgh Royal Infirmary.—In this aristocratic and world-renowned infirmary two great events occurred within a week recently. One was the State visit of Lord Kinnaird, Lord High Commissioner to the General Assembly of the Church of Scotland, with his suite, and the other was the presentation of the prizes to the graduating nurses, a very interesting and important occasion, upon which the Lord Provost took the chair, and the Secretary of State for War presented the prizes, twenty-eight in number, to the nurses entitled to them, in every branch of the course separately. Among those who supported the Lord Provost were Sir Halliday Croom, Professor Wyllie, Dr. Barbour, and others. The proceedings opened by a garden party in the Nurses' Garden, where the invited guests were received by Miss Gill, R.R.C., Matron of the Infirmary, supported by Col. Warburton, M.D., C.S.I., the Medical Superintendent. Mr. Haldane arrived shortly after five o'clock, accompanied by his sister, Miss E. S. Haldane, LL.D., one of the managers of the Infirmary, and the Chairman of the Nursing Committee of the Infirmary.

The scene in the theatre was a beautiful and impressive one, and the speech of the Secretary of State for War was worthy of the occasion. Mr. Haldane said, *inter alia*: "In old days,

people looked for a cure to the physician and surgeon, and to them alone. The nurses, no doubt, were there, but they came in no one knew exactly where. To-day the work of the physician and surgeon is divided. The physician and surgeon undertake only their part of that work for the health of the patient, and his restoration to health has been very largely left to the nurses. Their work is based on scientific knowledge—it is a profession based on science, and this is what makes an occasion like the present so interesting a one. Technical skill is needed; there are those who have inborn gifts for nursing, no doubt, but without that knowledge these avail very little. Without it no one can take her place as a really first-rate and efficient nurse.

And the sphere of nurses is rapidly widening. More and more are nurses being called to intervene in the affairs of the State and of public life. They are wanted for the working out of the business of local government, for the care not merely of the sick, but of those who come very close to the sick—the poor, the poor who suffer, the poor who must be watched and studied that their situation and surroundings may be understood. They are wanted in great hospitals like this; they are wanted in private life, and they are wanted in country districts.

These last two years I have been very busy trying to fashion out a comprehensive organization for the country in regard to national defence. And this just means organization for war and organization in peace, which is based on preparation for war and nothing else. In doing this, I have had to survey the whole field, and in the process of building up a point was reached where the vital point was shown to be not merely the work of the Army surgeons but also that of the Army nurses, and where further organization was found to be necessary. What was wanted was that if—which God forbid—the machinery of war should be put into operation, their work should be done swiftly, efficiently, and unhampered by the want of any element that was necessary. One of these elements was the care of the wounded. So remarkable has been the progress in Army medical work that it has been found possible to reduce the provision which had to be made for the sick and wounded by a considerable percentage. They had been able to make a far better provision, and this presented them with a smaller percentage of men who required to be deducted from the fighting force. That is to say, they were able to restore people to their work more quickly than was possible under old conditions. A reserve of nurses has been created—a reserve of those who are pursuing the nurses' calling, and who have taken an engagement with the State to come forward and go to the theatre of war on its outbreak, there to do their part in the formation of the organizations necessary for the treatment of the sick. That has been carried out so far as the regular forces are con-

cerned. As regards the second line the line of home defence—the Territorial or Home Army—an endeavor is being made, and I hope before long to see it in operation to provide there an organization of Territorial Army nurses, who will take the same part in home defence as will be taken by their sisters who undertake to go abroad with the troops. (Applause.) These things only show what a far-reaching profession yours is. You come in at points which would not have been dreamed of by our forefathers, and I venture to think that as time goes on your opportunity will widen and others will open up before you. (Applause.) There is, I venture to think, no profession which has more scope than the profession of the highly-trained nurse.”

ENGLAND.

Mushroom Hats.—The favorite English “mushroom hat,” so shady and comfortable and stated, on the authority of *The Nursing Times*, to be exceedingly becoming and ladylike, and also *inexpensive*, have been adopted in one or two of the London Hospitals. At first the nurses disapproved, but now it seems the hats are accepted, as any hat that is at once becoming, ladylike and inexpensive might well be.

IRELAND.

Summer Meetings.—Irish nurses are going to have “a lovely time” this summer. Tea at Howth Castle demesne, garden parties at Steevens’ Hospital, and at the Rotunda, and a tea at Mrs. O’Brien’s cottage, Howth, are among the pleasant things in prospect. The Entertainment Committee and the officers and Mrs. Kildare Tracey, are to be congratulated.

INDIA.

The Training School for Nurses at the Albert Edward Hospital, Kolhapur.—For sixteen years the work of training nurses, as begun by Dr. George Sinclair, has gone on in this hospital, and has steadily improved in regard to the status of the nurses and the standard of the training. Dr. K. Kelakoar, a native lady, gave an interesting report at the ceremonies connected with the distribution of prizes won by the nurses. After a two years’ course, ten out of the twelve nurses were successful at the final examination, and received certificates entitling them to practise as nurses and midwives. They do a great deal of good work, especially as obstetric nurses.

JAPAN

Massage in Japan.—In that interesting new book, “A Woman in the Heart of Japan,” by Miss G. A. Fisher, it is stated that massage in Japan is almost entirely practised by the blind. Miss Fisher herself needed to have massage, and managed to convey her meaning by signs to the leader of a school of massage for the blind as follows: “I” (pointing to myself), “Kioto hotel” (well known to all), “massage” (making passes on my person), “to-night, nine o’clock” (showing my watch and making figures),

"how much?" (presenting money). It is astonishing how far a very little goes. The man understood me perfectly, and called to the teacher. I secured her smiling consent, and gave her my "name-card." That night, exactly on the stroke, she left her clattering clogs at the step, and sent in my card. She was ushered to my room in soft straw sandals. She slipped them off at the door and glided gracefully along in her stockings, and, with reverential bows, put me under the bedclothes. She twirled my thumbs and bent my joints, and seriously studied the rigid wrists that were stiffened by long sieges of gout. She was all tenderness and sympathy for the suffering that lurked in my frame. She made soft passes from the shoulder down, following gently the nerve lines. Not a word could we exchange, but I needed no medium of language to know that she was giving me the best of her warm heart and trained hand. She bent the toes and twisted the ankles, following the legs and moulding the knees and rubbing the thighs with the same kind care. It was funny enough to see this wee creature, so dignified and serious, creep cautiously on to the bed and kneel beside me like a tiny kitten. She folded her shapely baby hands under a cheek, to show that I must turn, and she rubbed the tired scalp and ran her little fingers over neck and shoulders. It seemed as if an electric eel squirmed its way down my back as she turned her knuckles in upon the spinal column and worked them down my vertebræ. Her touch quieted and strengthened. She had a strangely comforting power, and I drifted into a sleepv languor when her soft pat told me the seance was finished, and she slid gently away, bowing and backing from the room, a mass of smiles. Oh! little sister of the tawny skin, how much the foreigner has to learn of gentle grace and sweet demeanor! For over an hour she had knelt beside me, giving generously of her sweetness and strength. In her eyes, fifty sen were a bountiful requital for an hour of life's service. But the nervous, foreign lady thought twenty-five cents a small return for the offering of physical strength and kindly love."

DRY TOWELS.—What nurse has not found a difficulty when washing a patient all over of preventing the towels from having a clammy feeling before the washing is completed? I have found it an excellent plan when washing or sponging at a time of year that does not call for a fire in the bedroom to carry up with me the fish-kettle full of boiling water. This I place on a newspaper near the bed, where it serves the double purpose of furnishing an ample supply of very hot water and enabling one, by using two towels, to always have a not only dry, but hot, one to apply to the patient. After the evening washing, if too late to hang the towels and washing-blanket out of doors, they can be left all night on the fish-kettle, and will be found quite dry in the morning. Moreover, it is surprising how long the water keeps warm, and can be used, if required, for any purpose during the early part of the night.—E. C. E. in *The British Journal of Nursing*.

THE ALUMNÆ ASSOCIATION OF THE COLLINGWOOD GENERAL AND MARINE HOSPITAL TRAINING SCHOOL FOR NURSES.

Officers for 1908-9: Hon. President, Miss Morton; President, Miss G. Morrison; First Vice-President, Miss P. J. Cottrill; Second Vice-President, Miss Ella Baker; Secretary, Miss J. E. Carr; Assistant-Secretary, Miss E. M. Dawson; Treasurer, Miss M. M. Redmond.

Sick Visiting Committee: Miss Moore, Miss Robinson, Miss G. Morton, Miss Klinck.

The meetings are held on the last Thursday of the month at 3 p.m. in the Board Room of the Hospital.

TORONTO GENERAL HOSPITAL ALUMNÆ ASSOCIATION.

Officers, 1907-8: Hon. President, Miss Snively; President, Miss A. Muir, 505 Sherbourne St.; 1st Vice-President, Miss H. Fralick, 12 Selby St.; 2nd Vice-President, Miss M. Tweedie, 53 Langley Ave.; Treasurer, Miss Halbhaus, 12 Selby St.; Recording Secretary, Miss Mary Roberts, Grange Ave.; Corresponding Secretary, Miss Samson, 12 Selby St.; Directors: Miss Hall, Miss Burnett, Miss Crosby, 12 Selby St.

Conveners of Standing Committees: Sick Visiting, Miss Alice Stewart, General Hospital; Registration, Miss Lucy Bowerman, Sherbourne St.; Programme, Miss Ida Beam, Selby St.; Social, Miss Younger; Look-out, Miss Baldwin; Press and Publication, Miss M. E. Christie, 19 Classic Ave.; Representative of the Central Registry Board, Miss B. Crosby and Miss Purdy; THE CANADIAN NURSE Representative, Miss Frieze.

THE ALUMNÆ ASSOCIATION OF THE HOSPITAL FOR SICK CHILDREN TRAINING SCHOOL FOR NURSES, TORONTO.

Officers, 1907-08: Hon. President, Miss Brent; President, Miss Gowans, 5 Dupont St.; 1st Vice-President, Miss Barnard, 608 Church St.; 2nd Vice-President, Miss Ellrington, 15 Selby St.; Recording Secretary, Miss Sale, 116 Binscarth Rd.; Corresponding Secretary, Miss Robertson, 182 Walmer Road; Treasurer, Miss Mary Hill, 105 Roxborough St. East; Secretary of Invalid Cookery Book, Miss Mary Gray, 505 Sherbourne St.

General Business Committee: Convener, Miss Barbara Goodall, 666 Euclid Ave.; Miss Jenny Gray, Deer Park P.O.; Miss Bennett, 505 Sherbourne St.; Miss Kirkby, 266 Gerrard St.; Miss Adams, 85 Isabella St.; Directors, Miss Halley, 24 Elgin Ave.; Miss Leaman, 20 Boswell Ave.; Miss Clark, 85 Isabella St.; Representatives to Central Registry, Miss Cooper, Miss J. Hamilton. Representatives on Editorial Board of THE CANADIAN NURSE, Miss Hamilton, Miss M. Gray.

Meetings are held on the second Thursday of the month in the Nurses' Residence at 3.00 p.m.

Question Department.

THE NURSES' ROOM.

TO EDITOR OF THE CANADIAN NURSE:—

DEAR MADAM,—Is there any hospital in Ontario which has set aside a private room for their nurses when ill, furnished and kept up by the nurses? If so, is it kept especially for the nurses or do patients occupy it?

Are the nurses a first or secondary consideration?

A GRADUATE NURSE.

Guelph, July 8th, 1908.

Correspondence

LETTER FROM INDIA.

MY DEAR MISS BOWERMAN,—I want to thank the Alumnae Association of Toronto General Hospital for their generosity in making missionary nurses honorary members of the Society. I enjoy very much reading THE CANADIAN NURSE, and feel quite proud of this promising "Infant."

Our hospital in Indore has 30 beds, and we have an average of 25 patients the year through, all women and children, of course, as this is what is called a Zenana Hospital. The majority of our cases are obstetrical and gynaecological. Many of the latter are not operative cases, and the treatment of such in the wards is very monotonous and uninteresting. But one feels well repaid in seeing them improve, perhaps as much from rest and comfort, as from medicine and treatment. Many suffer cruelly from the harsh treatment of the native midwives. I might tell you of a few cases I know of: One woman came two weeks after childbirth in a dreadful condition, and a "dhai," as these native midwives are called, had cut the cervix in several places to hasten delivery. The woman died.

* * * * *

I have four nurses in training and would be glad to have two more, but accommodation is limited at present. These native girls make very good practical nurses, but the book work is difficult for them, as they know little English. The course of instruction is very simple. I have sent the little book of Nursing Lessons used by most hospitals in India, to Miss Snively, and she will, I am sure, be pleased to show it to you. Two years ago a Society of Nursing Superintendents was formed in India with a view to improving the nursing service in our hospitals, and many feel that this book is too simple, and are advocating training girls of better education, and giving a more thorough training. Superior women are needed as staff nurses, as I have found the average

native girl is deficient in the qualities that go to make leaders. They will not take orders from another, but will work harmoniously if all orders are given by the Superintendent, Miss Sahiba. The nurses are all fond of obstetrical work, and excel in it. We had a case of extra-uterine pregnancy in the hospital last year. She was successfully operated on, but 10 days after, profuse hemorrhage came on and she died. The child was dead when delivered. Some of our patients are a trial to us. Just as they are beginning to improve some one appears from home and announces that a relative has died, or is to be married, and the sick woman must go. It's no use to coax them to stay, for they begin to think we have some deep motive hidden behind our apparent benevolent desires for her good, and are more determined than ever to go. Very often it is a made-up story, and the secret is, that the husband is tired of cooking his own food and so the poor woman must go. Kipling's words are often on our lips in India:

“Watch sloth and heathen folly,
Bring all your hopes to naught.”

A woman came for her confinement, and the day after delivery insisted on going home, and went over rough roads, in a bullock cart for miles to a village. One wonders what happened to her. Just a few days ago a Mohamedan mother brought her dear little boy suffering from enteric fever. He was very ill, and just as his temperature dropped to normal she insisted on going home, because of a special feast of her religion following a month of fasting.

This Mohamedan fast is rather a fraud, as though they won't eat or drink anything from sunrise to sunset, they eat heartily enough at night, and get up at 3 o'clock to cook and eat food.

But all our patients are not so disappointing. To many the clean beds, the attentive nurses, and the kindness shown them is a revelation, and they are very grateful. The women in heathen lands suffer in nameless ways, and it is a joy to do something to comfort and help them. Many are quite indifferent to the Gospel message of love, but to others it brings new life. A patient who came last year with the beginning of cancer in the cervix, and who refused an operation, is slowly dying. Her faith, and her love for Jesus is bright and clear, and she is confident that she will soon be with Him. We go to the homes of our patients who have shown an interest in the Gospel, and are always heartily welcomed. The nurses take turns in going with an older woman, or one of the missionaries, and often have a crowd of women to listen to the sweet story of salvation.

I think one never knows how wonderful is the love of Jesus in coming to die for us, till one sits before a heathen audience. Then is the time one feels one's helplessness and lack of power, and must rest on the power of the Holy Spirit to awaken these dead souls. As this department of our work is ever kept uppermost, we do not manage our hospital as we would if it were used only

for the healing of sick bodies. We have to allow much to pass unseen that would not be allowed in a home hospital. The patients, especially those from villages, love to tuck all sorts of things under the pillow or mattress, and pots and pans under the bed. One has to patiently teach them to keep their things in a box in a back room, over and over, and by the time they have learned the lesson, they go home, and a new lot come, and the same process is gone through. Some are *so* dirty in their habits. But my letter is too long, so I must close. Wishing you all success, I remain.

Yours faithfully,

HARRIET THOMSON.

The Contributors' Club.

FIRE DRILL.

TO EDITOR OF THE CANADIAN NURSE:—

DEAR MADAM,—Your letter has been received, and in reply I send you a pamphlet containing the Fire Rules and Regulations for Bellevue Hospital, which I trust will be of service to you.

Very truly yours,

M. J. RICKARD,
Acting Superintendent.

Bellevue and Allied Hospitals, New York.

FIRE RULES AND REGULATIONS FOR BELLEVUE HOSPITAL. WHISTLES.

Fire alarm signals by whistles are arranged in divisions as follows:

Div. No. 1—Continuous blast of whistle indicates a fire in the south section of main building.

Div. No. 4—One long and three short blasts of whistle indicate fire in the north section of main building.

Div. No. 3—One long and two short blasts of whistle indicate fire in any of the following buildings: Mills Training School, Psychopathic Wards, Phthisis Wards, Dispensary, Alcoholic Wards, Erysipelas Wards.

Div. No. 4—One long and three short blasts of whistle indicate fire in Sturgis Pavilion, Laundry, Ward 34, Boiler House, Stable, Patients' Clothes Room.

Div. No. 5—Two long blasts of whistle indicate fire in Marquand Pavilion.

Div. No. 6—Two long and one short blasts of whistle indicate fire in General Drug Department, Engineers' Shop, Paint Shop, Catholic Chapel.

Div. No. 7—Two long and two short blasts of whistle indicate fire in Carpenter Shop, Cook House.

Continuous ringing of bells in any part of Institution indicates fire.

TELEPHONE OPERATOR.

When alarm of fire is indicated from any building or ward, the operator shall at once sound the division signal on bell to engineer, and all bells throughout division in which fire is located, after which he shall direct responding companies to location of fire. In case of fire at night, he shall sound all bells in sleeping quarters of local fire companies. He shall also call the city fire department unless otherwise ordered by commanding officer.

ENGINEERS.

Upon receiving notice of fire by bell signal from Central Office, or otherwise, the engineer shall at once sound on whistle the signal of division in which fire is located, repeating the signal three times. He will be held strictly responsible for the proper condition of the whistle at all times.

CHIEF AND HIS ASSISTANTS.

Upon an alarm of fire, the chief shall go at once to its location, and assume charge of and direct companies. All orders given by him shall be instantly obeyed; he shall be held strictly accountable for the proper condition of all fire appliances. In his absence his assistants shall command.

HOSE COMPANY AND OFFICERS.

Upon an alarm of fire, the captain shall get location from Central Office, and direct his company there. He shall see that the hose is properly "stretched in" from standpipe or hydrant nearest fire, and order the water turned on and off as the chief directs. When ordered to "take up" the hose, the Captain shall see that it is returned to its proper place in good condition. His assistants shall command in his absence.

Members of hose company shall respond without delay whenever fire alarm is sounded and "stretch in" hose, prepared to "play away" when ordered to do so by officer in charge.

The hydrant man shall turn water on and off at command of officer.

EXTINGUISHER COMPANY AND OFFICERS.

Upon an alarm of fire, the Captain shall get its location from Central Office, and direct his company there. He shall order his company to operate extinguishers as found necessary. He shall see that all extinguishers used are immediately cleaned, recharged and returned to their places. In his absence his assistant shall command.

The Health of the Nurse

The success of your case—the winning back of a life often depends upon the degree of hard work—sustained effort and constant watching you can undergo.

Nothing can take the place of BOVRIL in keeping your strength and vitality up to the mark.

BOVRIL contains all—every bit of the valuable strengthening qualities of beef in a concentrated form—it builds up a reserve of strength that will give you greater power of sustained effort without exhaustion.



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Surgical Instruments.

PHONE ORDERS PROMPTLY ATTENDED TO

The members of this company shall respond without delay whenever fire alarm is sounded, taking nearest extinguishers with them, and operate them on fire as per drill instructions when so ordered by officer in charge.

After an alarm of fire, the commanding officers of the different companies shall call the roll and report to the Chief the names of the men responding.

STRETCHER CORPS.

Upon an alarm of fire, the stretcher corps shall respond at once with stretchers, prepared to remove patients when ordered to do so by the doctor in charge.

HOUSE STAFF.

Upon an alarm of fire, members of the House Staff shall go at once to their respective wards, take charge of the patients and direct their removal if necessary. They shall also see that all doors and windows in their locality are kept closed until all danger is over. Should removal of patients be necessary, they shall direct the Stretcher Corps as to best means of exit.

NURSES, EMPLOYES, ETC.

When fire is discovered, quickly turn in alarm by fire signal or telephone to Central Office, after which get nearest fire extinguisher and operate on fire as per drill instructions. See that all doors and windows are closed. Nurses on duty shall remain in their respective wards and assist the House Staff in caring for patients. Nurses not on duty shall report at once to doctors in wards nearest fire, and follow their directions.

ELEVATOR MEN.

Upon an alarm of fire, the men in charge of elevators shall keep them running until all danger is past.

Everybody shall work quickly and quietly, avoiding all excitement.

Upon the arrival of the city fire department, the local organization shall retire to wards nearest fire to assist in removing patients if necessary.

Fire duty being the first duty of all attaches of this hospital, these rules will be strictly enforced whenever the fire alarm is sounded.

Telephone office is designated as Central Office.

These rules also apply should fire occur in an adjoining building.

Prepared by Frederick A. Ross, Fire Expert and Drill Instructor, 205 West Twenty-third Street, N. Y.

Approved:

WILLIAM MABON,
Superintendent.

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Hospital and Training School Department.

THE Hospitals at New Liskeard and North Bay have been taxed to their utmost the past six weeks with typhoid patients.

BADDECK, C.B., has had an epidemic of dysentery of a most virulent type, and the V. O. Nurse has been kept very busy.

DR. EDITH BEATTY, the newly-appointed Superintendent of Grace Hospital, is spending the month of September at the New York and Baltimore Hospitals.

ON Sunday evening, September 13th, the Rev. Dr. Milligan, of Old St. Andrew's Church, preached an eloquent discourse with special reference to the graduating class of Grace Hospital, taking as his text Luke x. 38. A large number of the nurses and their friends were in the congregation.

THE V. O. District Nurse in Fernie, B.C., escaped from the terrible fire of July uninjured. In a letter she says: "Neither tongue nor pen can describe this disaster. I heard a man say, who had passed through the California disaster, that it was 'slow' compared with the Fernie fire."

MRS. M. L. V. WOODS, a graduate of Grace Hospital, will be in charge of the Hospital and Training School until Dr. Edith Beatty takes up her new duties as Superintendent of the Hospital, about October 1st, when it is understood the Board of Governors will appoint a Superintendent of the Training School for Nurses.

WORK has been begun on the new wing of the Victorian Hospital at Thessalon, Ont. This will give accommodation for thirteen patients, making the hospital a twenty-four bed one, and will supply more comfortable quarters for the nurses. The Matron, Miss Elizabeth Dodds, was obliged to resign, on account of illness at home, and Miss Violet Nesbitt has received the appointment, and entered on her duties September 10th.

DR. EDITH BEATTY has been appointed Medical Superintendent of Grace Hospital, Toronto. Dr. Beatty, after graduating at Toronto University, was for some time Resident in Dr. Groves' Hospital at Fergus, and afterwards practised in Guelph. In both of these places the Doctor made many friends and added to her high professional standing. We congratulate the Hospital, as well as Dr. Beatty, upon the appointment, and cordially welcome Dr. Beatty back to Toronto. We understand, of course, that a Superintendent of the Training School for Nurses of Grace Hospital will shortly be appointed to fill the place left vacant by the resignation of Miss Patton on her approaching marriage, but the appointment has not yet been made. We hope, however, to make an official announcement of this appointment in our next number.

A Tempting Delicacy for the Invalid

THE NURSE'S FAVORITE DIET for her patients during convalescence, when the invalid must be tempted to eat wholesome and easily digested food, is

SHREDDED WHEAT

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It aids digestion and keeps the bowels in proper working order. Your patients will relish Shredded Wheat Biscuit and Triscuit.



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(780)

THE Children's Memorial Hospital publish a charming little illustrated paper called *Dawn*, which is devoted to their work, and is intended to aid in making it known and helping to support it. We have read it all with the greatest interest, and hope soon to be able to publish more about the work of the Children's Memorial Hospital in Montréal and the coming Children's Hospital in Winnipeg and others. There should be more Children's Hospitals in Canada. We all believe in Children's Hospitals with all our hearts.

A SPECIAL meeting of the O. G. N. A. Executive Committee was held at Grace Hospital August 21st, 1908, to appoint a committee to represent the Association at the annual meeting of the Association of Canadian Superintendents of Training Schools for Nurses, to be held in Ottawa October 8th, when arrangements will be made to have Canada a link in the chain of the International Associations. The Committee appointed were: Miss Mathieson, Riverside Hospital; Miss Woodland, Western Hospital; Miss Brent, Hospital for Sick Children.

SIR HENRY PELLATT was the chairman at the graduation exercises of Grace Hospital, which took place in the Hospital Theatre on Saturday evening, September 12th, and were most pleasant and successful. Interesting addresses were delivered to the graduating class by the chairman, by Dr. Falconer, President of the University of Toronto, and the Hon. G. A. Cox. One of the chief events of the evening was the presentation of an illuminated address and a cabinet of silver to the Superintendent, Miss E. McL. Patton, on her resignation. The services of Miss Patton, who has been in charge of the Training School for seven years, are greatly appreciated by the Board of Governors. The valedictory address was given by Miss Mabel Jewison. The graduates are: Misses Mabel Jewison, Ethel Blackhall, Adeline Watt, M. Lowry, Jane Wilson, M. Jenkins, H. M. Putnam, Pearl Stratford, Isabel Sloan, Elizabeth Brodie, Ella Warnica, Nora Smith, Maud Greer, Olive Carter and Ruth Webster.

One of the most charming and successful graduating ceremonies of the summer of 1908 was that held at the Owen Sound General and Marine Hospital, at which eight nurses graduated: Misses Mary E. Linn, Kilsyth; Evaline E. Walker, Owen Sound; Mary E. Jackson, Paisley; Carrie S. McLean, Owen Sound; Jennie S. Garbutt, Toronto; Barbara Jack, Bognor; Mattie McLaughlin, Hamilton; Mary Matheson, Massie. The scene of the event was the fine lawn of the Hospital, on which at least three hundred people assembled. Mr. John Armstrong, President of the Hospital Board, was in the chair, and before proceeding to address the gathering read a telegram from Mayor Kennedy, who was obliged to be in Hamilton, and was, therefore, unable to be present. The chairman, in an interesting address, outlined the history, organization, and work of the Hospital. Miss Duncan, the Lady Super-

The advertisement features a central circular graphic with a can of Antiphlogistine in the middle. The can's label includes the following text: "LARGE SIZE", "REGISTERED TRADE MARK", "PATENTED UNDER THE FOOD AND DRUG ACT 1914, 24, 1904, SERIAL No. 24", "KEEP THE LID ON", "Antiphlogistine", "MADE BY THE DENVER CHEMICAL MFG. CO. NEW YORK CITY, U.S.A.", "LONDON STORES: BLENKINSOP & CO. LTD.", "FOR SALE BY ALL DRUGGISTS", and "PRICE, \$1.25".

Surrounding the central can are six diagonal text blocks, each containing a list of conditions treated by the product:

- Top Left:** Tonsilitis, Bronchitis
- Top Right:** Abscesses, Boils
- Bottom Left:** Ulcers, Erysipelas
- Bottom Right:** Synovitis, Lymphangitis

The central circle is bordered by the text "INFLAMMATION'S ANTIDOTE" at the top and "APPLY HOT AND THICK" at the bottom. Four decorative floral motifs are placed between the diagonal text blocks.

intendent, then presented an admirable annual report, showing that the Training School now has twenty-three graduates. At the final examination the average percentage on all subjects ranged between 70 and 82 per cent. In class standing and general proficiency, Miss Carrie S. McLean passed with highest number of marks. In practical work, Miss Mary E. Linn stood even, with Miss McLean. On all subjects, Miss Evaline E. Walker comes second in number of marks, and first in surgery, anatomy, and physiology, for which Dr. Lang awarded a gold medal. The presentation of diplomas and medals by Mr. R. J. Ball, of Hanover, Warden of the County of Grey, followed. Mr. Ball made an able speech, in which he showed his appreciation of the hospital, and emphasized the importance of its work. Assisted by Mr. Armstrong, the Warden made the presentations to the nurses. Rev. G. A. Woodside addressed the graduates, after which Miss McLaughlin gave the valedictory address. Solos by Prof. Wildgust, music by the Heather Bell Orchestra, and a recitation by Miss Matheson were much enjoyed. The Hospital grounds were well lighted and the surroundings were in every way delightful.

[The Editor greatly regrets that this account has been delayed, owing to a mistake.]

Few printed documents of any kind have reached us as dainty and generally attractive in appearance as the 1907-8 report of the Montreal General Hospital Alumnae Association. It is done in brown and tied with scarlet cord. The contents, consisting of all the reports and the President's address, are exceedingly interesting. Miss F. M. Shaw, the President, speaks in the address of the large membership—over one hundred—and of all the events and undertakings of the year, and concludes by asking the members to take up their individual responsibility for the Revision of the Constitution and "The second matter to which I ask you to give a full measure of thought, is the question of how we may best develop in and through our Association the spirit of Professional Responsibility.

"That spirit which is essential to any true advancement of the profession of nursing, the promotion of which is one of the objects of this Society. That spirit whereby we realize our duties to the whole nursing body—to the state, to humanity, not merely to our own Association and School."

THE Guelph General Hospital Alumnae Association held their first reunion in the form of an "At Home" on the Hospital grounds on August 6th. Many of the graduates from various parts of the United States and Canada, former House Surgeons, with the doctors and their wives, and governors and their wives, were present. The grounds were beautifully illuminated with Chinese lanterns. The tables, over which Mrs. Howitt and Mrs. Powell presided, were tastefully arranged with nasturtium. The nurses in uniform added to the beauty of the scene, and were most assiduous in their efforts to make everyone enjoy the "At Home." The guests were received by Miss Smith, Superintendent of Hospital, Mrs. Ander-

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For detailed information write to the Principal of Training School.

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son, Vice-President, and Miss Walker, Secretary of the Alumnae. Dr. Mackinnon added greatly to the entertainment of the evening by giving a very witty address. Thain's Orchestra rendered a number of selections.

It is stated that the new Alberta Sanatorium, which will cost \$35,000.00, may be built at Strathecona.

THE ladies of Victoria, B.C., have collected more than one thousand dollars for the maternity ward of the Royal Jubilee Hospital.

PLANS for the Sanatorium for Manitoba are in contemplation, and meantime experts are preparing a report on the best site. The two sites mentioned are Ninette and Bird's Hill.

THE members of the Ottawa Graduate Nurses Association will entertain the Canadian Superintendents of Training Schools during the Ottawa Convention at a reception to be held in the Russell House, on October 9th, 1908.

THE Annual Report of the Prince Edward Island Hospital for the year 1906-1907 is an interesting pamphlet of sixty pages, and contains a picture of the Hospital, the Rules for Patients, passed in 1883, and the By-Laws, passed in 1884, an account of the Annual Meeting, Annual Reports, Lists of Benefactors, &c. The number of patients admitted was 328, and the total receipts about \$7,000.00, in addition to the amount of \$9,000.00 in the Endowment Fund. There are now twenty-four graduates of the Training School, which was established in 1891.

The Immigration Hospital at Quebec was busy during the Tercentenary, and the staff and officials had but little opportunity to see the great sights. However, the military camp, which was situated at Savard Park, surrounded the hospital, and as nine thousand men were under canvas, the camp made up somewhat for the many other things missed. It was certainly most interesting. The day began at 5.30 a.m., with one of the bands playing, assisted by one of the artillery cannons in waking every one up, which, needless to say, made a very lively start for the day. The constant drilling, marching, etc., made an animated scene. The Field Hospital was situated opposite ours, with Montreal General Hospital doctors in charge. They were all kept busy, the ambulances and stretchers passing to and fro all day long. How glad we were to have had no serious accidents, except the very sad case of drowning in the River St. Charles. The Field Hospital could take in 48 patients. They were kept for 48 hours, and if the case proved serious the patient was sent up to the permanent hospital at the De Salaberry camp. As to the celebration in Quebec, from all our Quebec friends have told us, it was most successful. The pageant can hardly be described. One would think while walking through the streets of Quebec that one had dropped back to the olden times, to meet men, women, and children in costumes



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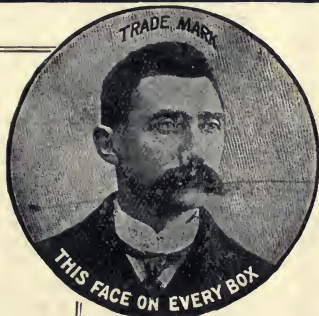
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of three hundred years ago going through the streets with the greatest composure. Miss McIntosh, Superintendent of the Immigration Hospital, was fortunate enough to see the Prince, and also saw Lord Roberts, the latter she saw twice, at the pageants and while inspecting the Savard camp.

Personal.

MISS PIERCE, of the R. I. Hospital Nursing Staff, is spending a vacation at Calgary and Banff, Alberta.

MISS BLYTHE, V. G. H., has accepted the position of Night Superintendent in the Minor Hospital, Seattle, Wash.

MISS MOLONY, Superintendent of the Jeffrey Hale's Hospital, was away for a holiday during August.

MISS AMY TAYLOR, graduate of R. I. Hospital, Kamloops, 1907, has accepted the position of surgical nurse at that Hospital.

MISS GREENWAY, of St. Luke's Hospital, Newburgh, N.Y., spent her vacation with her family at 232 Markham Street, Toronto.

MISS MOORE, of the Queen Victoria Hospital, Revelstoke, B.C., is spending a few months vacation at her home, Orangeville, Ont.

MISS McPHERSON has been appointed School Nurse by the Brantford Board of Education at an annual salary of \$500.00.

MISS SNIVELY, Lady Superintendent of Toronto General Hospital, spent the month of August on the Coast of Maine at Scarborough Beach.

MISS AGNES H. ALLISON, of the staff of the Massachusetts General Hospital, came to her home, Bleecker Street, Toronto, for the holidays.

MISS E. A. COCHRANE, Winnipeg General Hospital, 1904, has recently been appointed matron of the Royal Inland Hospital, Kamloops.

MISS PICKLES, formerly Assistant Superintendent at Grace Hospital, Toronto, has been appointed Superintendent of Kingston General Hospital.

MISS J. K. CALLIN, Winnipeg General Hospital, 1903, has gone to Edmonton, Alberta, to take a position on the nursing staff of the Isolation Hospital.

MISS EVA WORTH, of Vancouver, graduate of Harper's Hospital, Detroit, 1904, has accepted a position on the staff of the R. I. Hospital, Kamloops.

MISS LESLIE, graduate of G. G. H. and superintendent of the King's Daughters Hospital, Portsmouth, Va., U.S., is spending a month at her home in Guelph.

KEPHYR

"Soured milk, because of the lactic acid in it, can impede the putrefaction of meat."—Metchnikoff.

"As lactic fermentation serves so well to arrest putrefaction in general, why should it not be used for the same purpose within the digestive tube?"—Metchnikoff.

"The action of Kephyr in preventing intestinal putrefaction depends on the lactic acid bacilli which it contains."—Metchnikoff.

"Metchnikoff believes that the inherited structure of the human large intestine and the customary diet of civilized man are specially favorable to the multiplication of a large number of microbes that cause putrefaction. The avoidance of alcohol and the rigid exclusion from diet of foods that favor putrefaction, such as rich meats, and of raw or badly cooked substances containing microbes, do much to remedy the evils. But the special introduction of the microbes which cause lactic fermentation has the effect of inhibiting putrefaction. By such measures Metchnikoff believes that life will be greatly prolonged and that the chief evils of senility will be avoided."—P. Chalmers Mitchell.

Kephyr is sterilized cow's milk that has undergone special fermentation through the introduction of a mushroom, called Kephyr-seed, or *Dispora Caucasica*, and a yeast, *Saccharomyces Cerevisiae*. One of these ferments affects the lactose, and produces lactic and carbonic acids and a small amount of alcohol; the other acts on the albuminoid substances, on the casein in particular, which latter undergoes partial precipitation and digestion, producing both peptones and propeptones.

Physicians are prescribing Kephyr with great benefit in cases of Anemia, Chlorosis, Tuberculosis, Kidney and Liver diseases, and affections of the Stomach and Intestines. Professor Hoppe, M.D., of Basel, Switzerland, says: "Kephyr is Milk and Wine at the same time." It is specially beneficial in building up the strength after acute illness, such as Typhoid Fever, Inflammation of the Lungs, and all infectious diseases, and after grave operations.

Kephyr is similar to Buttermilk in taste and appearance; it is, however, very different, being prepared along scientific lines, and is more nutritious, as it contains all the butter fat of Whole Milk.

Kephyr can be used quite freely and at any time.

The following comments from Toronto Physicians are used by permission.

"I have had the opportunity of ordering for several patients Pumer's Swiss Kephyr, and they have found it uniformly satisfactory for the purpose for which it was prescribed."—Dr. W. H. B. Aikins.

"Regarding Mrs. Pumer's Kephyr, I am acquainted with the article, and consider it the best that I have been able to obtain."—Dr. W. P. Caven.

"I have used Mrs. Pumer's Kephyr in my practice with very good results. It is of fine quality, and the best thing of its kind I have seen."—Dr. A. H. Garratt.

"I have no hesitancy in stating that Kephyr is a valuable preparation. In evidence, I have recommended it twice to-day, once to a Physician."—Dr. John B. Hall.

"It is certainly a most excellent food (Kephyr) and it differs very largely from Koumisi, being a different ferment. I know Mrs. Pumer, and she is thoroughly reliable in this regard."—Dr. Edmund E. King.

"Mrs. Pumer makes an excellent preparation of Kephyr. I am able to say so, having made trial of it in my own family, and those patients to whom I recommended it were highly pleased with the article."—Dr. W. J. Wagner.

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MISS LEADLEY, graduate of the Guelph General Hospital and President of the Alumnae Association, has accepted a position at the Victoria Hospital, Prince Albert, Sask.

MISS MILLEDGE (Aberdeen, N.S.), who practises private nursing in Quincy, Mass., has returned to N. S. to spend a vacation with friends. She enjoys her work very much and has met with success and kind friends.

MISS DENSMORE, graduate of General Hospital, Portland Maine, has paid her Nova Scotian friends a visit. The Portland school have the eight hour system which has proved a success and much appreciated by the nurses.

THE marriage of Miss Nellie Campbell, T. G. H., formerly Assistant Superintendent of the Vancouver General Hospital, to Mr. Albert Chambers, son of Mr. David Chambers, Vancouver, took place in St. Andrew's Cathedral, Honolulu, July 25th.

THE many friends of Miss Monica Green, St. Joseph's, Victoria, B.C., formerly charge-nurse O. R. Juneau, Alaska, will be glad to hear she has made good recovery from her severe illness, and is to make a trip to the Old Country before beginning work again.

MRS. M. C. JACKSON, Superintendent of the Public General Hospital, Chatham, Ont., is spending a month's vacation at her home in Niagara Falls, Ont. Miss Helen Brighty, a former graduate of the hospital, has charge in her absence.

MISS BARKER, recently matron of the Royal Inland Hospital, Kamloops, B.C., was married at Victoria, B.C., on Saturday, August, 15th, to Dr. J. S. Burris, of Kamloops. Before leaving Kamloops Miss Barker was presented with a silver coin purse by the nurses of the hospital staff.

MISS E. M. PEMBERTON, graduate Montreal Western Hospital and Edinburgh Royal Infirmary, in company with Miss M. B. McKeil, graduate V. G. H., Halifax, have recently opened a private Hospital, "Restholm," in the city of Halifax. Restholm is pleasantly situated facing Halifax Common. The building has been put in thorough repair and renovated throughout, and certified to be in a perfectly sanitary condition. The grounds extend through to Bauer Street. We trust these nurses may meet with success.

THE marriage of Miss E. McL. Patton, Superintendent of Grace Hospital, to Dr. C. J. Currie, of Toronto, took place at Old St. Andrew's Church on September 14th, the Rev. Dr. Milligan officiating. The church was beautifully decorated, and the wedding reception immediately afterwards at Grace Hospital was a unique and happy occasion.

BUCKLAND.—At Kerrisdale, B.C., June 20th, the wife of C. C. Buckland (nee Miss Wilshire, graduate Sydney General Hospital, Australia), of a son.

Minor Medicine

By W. E. WYNTER, M.D.

Physician to Middlesex Hospital,
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This new book on the treatment and prevention of the many minor disorders which come under the nurse's notice will be received with much satisfaction. Besides all the minor ailments, such as Heart-burn, Sprains, Cracked Lips, Bilious Attacks, etc., etc., there is a section on general health and diet.

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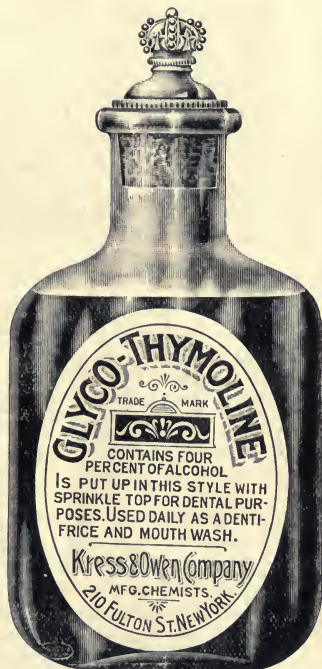
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The Nurse's Library.

The Health-Care of the Baby. A Handbook for Mothers and Nurses. By LOUIS FISCHER, M.D. Funk & Wagnalls. 75 cents.

This is a useful handbook for young mothers, and a convenient book of reference for nurses or for anyone who has the care and management of little children. Infant feeding is carefully dealt with, and the management of the ordinary ailments of childhood is clearly and sensibly set forth.

Consumption: How to Prevent It and How to Live With It. Its nature, causes, prevention, and the mode of life, climate, exercise, food, and clothing necessary for its cure. By PROF. N. S. DAVIS, A.M., M.D., Northwestern University Medical School, Chicago. \$1.00. Philadelphia: F. A. Davis Company.

A second and revised edition has been published of this useful book. Such a book is frequently asked for by patients and their friends, and the present volume will be found clear, easily understood and satisfactory.

Practical Nursing. ISA STEWART and H. E. CUFF, M.D. Edinburgh and London: William Blackwood & Sons. 5s.

This is a revised edition (fourth impression) of one of the best and most practical of English nursing manuals. The high reputation of the matron of St. Bartholomew's, and her long and varied experience would lead one to expect that this work would be of great value, as indeed it is. The first fifteen chapters are devoted to general principles of nursing and the various procedures necessary for a nurse to know thoroughly, and the remaining chapters (about half of the book) deal with the commoner and more important diseases. The book is concise and remarkably complete.

School Hygiene. ROBERT A. LYSTER, M.B., D.P.H., B.Sc. London: W. B. Cline, 157 Drury Lane, W.C.

In a word, this is the best and the most concise school hygiene we have seen. The West Riding of Yorkshire is well known to be advanced in this work; we do not wonder at it when we learn that Dr. Lyster was one of the chief workers there. Every school nurse and every school doctor should have this book. To teachers it will be of the greatest use. It is published by the University Editorial Press.

The Good Neighbour. MARY E. RICHMOND. Philadelphia and London: J. B. Lippincott Co.

Published as one of the "Russell Sage Foundation" Publications, and written by the General Secretary of the Philadelphia Society for Organizing Charity, this little book, in its black and gold cover, holds a beautiful conception of how the Parable of the

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The Efficient Life. By LUTHER H. GULICK, Director of Physical Training in the New York City Schools. New York: Doubleday Page & Co.

This book is dedicated to President Roosevelt, "who sometimes leads the simple life, who often leads the strenuous life, but who always leads the efficient life," and consists mainly of the lectures delivered at the School of Pedagogy of New York University, prepared partly by Mr. Harry James Smith of the *Atlantic Monthly*. The eighteen chapters contain a large amount of practical wisdom on how to work well and take care of ourselves. The author does not believe in waste of life, of strength, of opportunity, and shows how to avoid it. One of the best chapters in the book is the last, "Growth in Rest," in which he pleads for a "margin" in which we really live.

Modern Medicine. Edited by WILLIAM OSLER, M.D., assisted by THOMAS MCCRAE, M.D. Volume II. Infectious Diseases. Philadelphia and New York: Lea Brothers & Co. Toronto: D. T. McAinsh, 123 Bay Street.

It is probable that none of the volumes of this great system of medicine will surpass this in practical interest. Typhoid, Influenza, Pneumonia, Rheumatic Fever and the Diseases of Childhood, etc., are dealt with by fourteen American physicians, one English, one German, one Japanese and one Canadian. Dr. Osler's influence is evident throughout the volume, though none of the articles are written by him. The work is thoroughly modern. There is no better work available for any library, and we unhesitatingly commend it to our readers.

Medical Gynaecology. By HOWARD A. KELLY, A.B., M.D., LL.D., F.R.C.S. (Hon. Edin.), Prof. of Gynaecological Surgery in the Johns Hopkins University. New York and London: D. Appleton & Co. Toronto: D. T. McAinsh, 123 Bay Street.

Few books have received as enthusiastic a welcome as this. Indeed we have heard with satisfaction, almost with relief, of its appearance, inasmuch as we really had no text book on this subject previously and no one could have written it better than Dr. Kelly. Ten collaborators have aided him, among whom are Dr. L. F. Barker, Dr. Pierce Morrow, Dr. Lilian Welsh, Dr. Mary Sherwood, and Dr. Caroline Latimer, who have written respectively the chapters on Functional Nervous Diseases met with by the Gynaecologist, Syphilis, The Hygiene of the Growing Girl, while of Dr. Latimer Dr. Kelly says, "without her aid it could not have been written."

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The Psychic Treatment of Nervous Disorders. By DR. PAUL DUBOIS, Professor of Mental Pathology in the University of Berne. Translated and edited by S. E. Jelliffe, M.D., of Columbia University and W. A. White, M.D., Superintendent of the Government Hospital For Insane, Washington, D.C. Fourth Edition. 1908. New York and London: Funk and Wagnalls.

A book on an important subject by a great authority, appearing when public and professional attention is centered upon that subject, is sure of immediate attention and respect. This may especially be affirmed of Prof. Dubois' book. Not, of course, that the reader will agree with every statement of the author, but his point of view and his methods are worthy of careful consideration and study. His thesis is that the so-called psycho-neuroses are really psychic in origin and that their treatment must therefore be psychic. His methods are simple, clear and straightforward, and his results are marvellously good. Neurasthenia, hysteria, and their protean forms are considered at length, and the treatment carefully dealt with. The author, the translators, and the publishers, have placed us in their debt by giving us such a useful work. It makes one think.

The Force of Mind. ALFRED T. SCHOFIELD, M.D., M.R.C.S. Third Edition. New York and London: Funk & Wagnalls.

Dr. Schofield's discussions in the *British Medical Journal* and elsewhere upon the influence of the mind over the body are well known and interesting. He collects in the present volume many well known references in medical literature and elsewhere of instances of the influence of the mind or some part of it which he calls the "unconscious mind" over bodily disease. The book is full of true and wise things. On almost every page one finds something one has always believed, or wishes to learn, or to remember in the particular form in which it is presented, e. g., "a disease of the imagination is not an imaginary disease." The author wishes that nurses might be specially trained for "nerve cases," psychic training being essential here. The book is divided into two parts: I. The Action of the Mind in Causing Disease. II. The Action of



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the Mind in Curing Disease. Of special value is the chapter on "The Treatment of Functional Nerve Disease," in which Dr. Schofield says that sympathy, patience, perseverance, firmness and tact are the chief qualities that make for success.

Borderland Studies. Vol. II. GEORGE M. GOULD, M.D. Philadelphia: P. Blakiston's Son & Co.

Fourteen essays and addresses on interesting subjects by Dr. Gould are here reprinted in a volume of three hundred pages, which will be welcomed by many readers. Among the papers may be specially mentioned "The History of the House," "The Life Study of Patients," "Disease and Sin," and "An Unknown Hero's Life," from the last of which we quote:—

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ALL readers of this Magazine, who have not received a copy of "Women in Banking," written by Mrs. E. B. B. Reesor, and published in the *New York Bankers' Magazine*, will be given one upon application to the Crown Bank of Canada, 34 King Street West, Toronto. The article is illustrated with pictures of the special rooms set apart for women, and, as the privileges of using them and making this down-town Rest Room a meeting place for out-of-town friends or for consultations with their physicians has always been extended to members of the Nursing profession, it will be of interest to you to see what these apartments are like.

Publishers' Department.

Success in handling a case of typhoid fever may be likened unto the steering of a ship, already in distress, through a dangerous rocky channel. Results depend upon the man whose hand is on the wheel. Lucky be the typhoid fever patient in the hands of a cool, common sense doctor. It is this sort of a physician who guides his patient through the tortuous, rocky channel of typhoid fever and finally brings him into a safe port.

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typhoid fever. The best of these is Antiphlogistine, and its use in typhoid fever is demonstrable. It will tend to reduce the inflammation and thus contribute in making the typhoid patient comfortable and assist him in his return to health.

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This use of Antiphlogistine is a valuable adjunct in the usual treatment of typhoid fever and is of distinct assistance.—*Medical Era*.

In an address delivered April 26, 1905, before the Danbury Medical Society on "The Practical Value of Old Remedies," John V. Shoemaker, M.D., LL.D., of the Medico-Chirurgical College, Philadelphia, Pa., spoke of Hamamelis in the following terms:

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GRADUATION REPORT.—At the end of the Spring term 1908 fifteen students received their diplomas at the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Inc., 1711 Green Street, Philadelphia, in the following branches: In the Swedish System of Massage, Medical Gymnastics, Electro and Hydro-Therapy: Mary T. Morgan, Paterson, N.J., Grad. Paterson General Hospital, Paterson, N.J.; Sarah Z. Richardson, Greenwood, B.C., Grad. Winnipeg General Hospital, Winnipeg, Canada; Marie

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The Practical Nursing of Infants and Children, by F. C. Madden, M.D., F.R.C.S., \$1.00.

First Lines in Midwifery: A guide to attendance on natural labor for medical students and midwives. New and revised edition, by G. E. Herman, M.D., F.R.C.P., F.R.C.S., \$2.25.

The Care and Management of Delicate Children, by Dr. Percy Lewis, \$1.00.

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Louise Scott, Jersey City, N.J., Grad. Christ Hospital, Jersey City, N.J.; Miriam D. Price, Philadelphia, Pa., West Park Hospital; Elizabeth M. Spratt, Westfield, Mass., Grad. Springfield Hospital, Springfield, Mass., and the New York Polyclinic; Elizabeth S. Tyrrel, Philadelphia, Pa.; Grad. Women's Homoeopathic Hospital, Philadelphia, Pa.; Bertha Simon, Grand Forks, N.D., Grad. St. Joseph's Hospital, Munich, Germany; Ole Hanson, Copenhagen, Denmark. In the Swedish System of Massage, Medical Gymnastics and Electro-Therapy: Mary C. Koetting, Milwaukee, Wis., Grad. St. Joseph's Hospital, Milwaukee, Wis. In the Swedish System of Massage and Medical Gymnastics: Ellen W. Lloyd, Philadelphia, Pa.; Susan S. Knapp, Danbury, Conn.; Elizabeth A. Hunt, Spotswood, N.J.; Paul B. Malick, Ourmiah, Persia, Jewish Hospital, Philadelphia, Pa.; John F. Hunt, Spotswood, N.J.; William C. Motteram, Philadelphia, Pa. The Fall term will open in two sections, the first section on October 8th, 1908, and the second section on November 18th, 1908.

THE *Lancet* (London, England), of August 8th, 1908, contains an important article on "The Use of Selected Lactic Acid Bacilli and Soured Milk in the Treatment of some forms of Chronic Ill Health," by George Herschell, M.D., Senior Physician to Kensington General Hospital. The subject of the article is of great interest, being a practical application of the brilliant conception of Metchnikoff, that the early use of yohourth or its equivalent could be utilized in the treatment of disease, and used to inhibit abnormal putrefaction in the intestines. In health, the lactic acid bacillus, as is well known, almost always occurs, often in overwhelming numbers, and there is no doubt that in such substances as kephyr and yohourth (Bulgarian) we can treat certain cases of chronic ill-health with satisfaction and even brilliant results. Among the diseases mentioned by Dr. Herschell as amenable to this treatment are the following: Anorexia nervosa, phthisis, and all other diseases requiring superalimentation, hypochlorhydria, chronic duodenal catarrh, chronic gastritis, malignant diseases of the stomach, constipation, gout, certain skin diseases, chronic arthritis, chronic diarrhoea, flatulent dyspepsia, colitis, intestinal indigestion in children. The same treatment is now being used to render the gastrointestinal tract aseptic, previous to performing an operation on it. The City Dairy Company have recently added a kephyr department to their laboratory, and are preparing kephyr daily, under the direction of Mrs. Pumer, of Zurich, Switzerland, which is being used by quite a number of our Toronto physicians in this new and advanced treatment with good success. THE CANADIAN NURSE knows that this is excellent kephyr. The whole City Dairy advertisement should be read carefully.

The Canadian Nurse

A MONTHLY JOURNAL FOR THE NURSING PROFESSION IN CANADA

VOL. IV.

TORONTO, NOVEMBER, 1908.

No. 11.

SOCIETY OF CANADIAN SUPERINTENDENTS OF TRAINING SCHOOLS FOR NURSES—SECOND ANNUAL CONVENTION.

On Thursday, October 8th, at 10.30 a.m., in the Lady Stanley Institute, Ottawa, the Convention was called to order by the President, Miss Snively, and His Lordship the Bishop of Ottawa opened the proceedings with prayer.

Addresses of welcome were delivered by Mr. J. W. Woods, President of the Lady Stanley Institute, and His Worship Mayor Scott. The President gracefully expressed the thanks of those present to the Lord Bishop, the Mayor, and President Woods, and invited Mr. John Ross Robertson, an honorary member of the Association, whom she referred to as the friend of nurses, as well as the friend of children, to take a seat on the platform. The President's address followed, after which the Secretary, Miss Brent, read her report, which referred to the formation of the proposed Canadian National Society, and stated that the total number of applications for membership during the year was 23—16 active and 7 associate. The Treasurer's report was then presented, showing receipts \$209.02, expenditure \$177.45, balance \$41.57. Mr. John Ross Robertson then delivered an admirable address, full of sympathy with the work of superintendents, and characterized by kindly practical wisdom. "I sometimes think," said Mr. Robertson, "that people are selected by providence to carry out certain work. Anyway, it does seem to me that I have been selected to do what I can to aid the helpless ones, who cannot take care of themselves, and also to be of assistance to the good women who devote their lives to the work of nursing. There is no one in the world more aware of the fact that a great many lady superintendents have, in a great many hospitals, a pretty hard time." Mr. Robertson then spoke of the Association, of the laymen's part in hospital work, of how the hospital should care for nurses, and other important topics.

The President then called upon Miss M. Louise Meiklejohn, Lady Superintendent of the Protestant General Hospital, Ottawa, on the "History of Canadian Hospitals." This paper was of a

particularly interesting and important character, and warm appreciation of it was expressed by the President and by Mr. John Ross Robertson. It is hoped that it will be issued later in permanent form. The chair then invited the delegates of the different societies to meet with the Canadian Society of Superintendents that evening to discuss the formation of a Canadian National Association. The following ladies were also appointed by the President as a Nominating Committee: Miss Shaw (M.G.H.), Miss Chesley (St.L.H.O.), and Miss Greene (B.G.H.).

THURSDAY AFTERNOON.

The chief features of the afternoon's meeting were Miss Brent's paper on "The Trained Nurse in the World's Work To-Day," and Miss Potts' paper on "The Nursing of Children." These papers were of a very high standard of excellence, and were greatly appreciated by the audience. A good discussion followed, in which Miss Stanley, of London; Miss Phillips, of Montreal, and others took part. Miss Chesley, on behalf of the Board of St. Luke's Hospital, then invited the members of the Association to luncheon on Friday at the Golf Club.

FORMATION OF A NATIONAL NURSES' ASSOCIATION.

The President explained that the Council of the Superintendents' Association, together with the delegates present from all the Nurses' Associations, were now met to consider the advisability of forming a Canadian National Nurses' Association, which should enter the International Council of Nurses, the next meeting of which is to be held in London, in 1909. Miss Snively gave a brief historical account of the formation of Nurses' Associations, dating from the American Superintendents' Association, in 1893, and quoted from Miss Dock, of New York; Mrs. Bedford Fenwick, of London, and other leaders in the nursing profession, advising the formation of this National Association. At the request of the President, Miss Alice J. Scott then read the committee's report, and after a general discussion, it was decided to form a Provisional Committee, and thus organize the National Association.

It was moved by Miss Greene, seconded by Miss Molony, that the name of this committee be "The Provisional Committee of the Canadian National Association of Trained Nurses." Carried.

Moved by Miss Stanley, of London, seconded by Miss Scott, of Toronto, and carried, that the following Constitution be adopted and that the objects of this Association shall be:

1. To promote mutual understanding and unity between Associations of Trained Nurses in the Dominion of Canada.

2. Through affiliation with the International Council of Nurses, to acquire knowledge of nursing conditions in every coun-

try; to encourage a spirit of sympathy with nurses of other nations, and to afford facilities for national hospitality.

3. To promote the usefulness and honor of the nursing profession.

Moved by Miss Shaw, seconded by Miss Hamilton:

"That the officers of the Provisional Committee shall be a President and Secretary-Treasurer, elected for a period of from three to five years." Carried.

Moved by Miss Stanley, seconded by Miss McFarlane, of Vancouver, and carried:

1. Associations of Nurses, on joining the Canadian National Association of Trained Nurses, shall pay an affiliation fee of five dollars.

2. Each Association affiliated to the Canadian National Association of Trained Nurses shall pay a fee of two dollars for each delegate appointed by it to serve on the National Association.

It was moved by Miss Stanley, seconded by Miss Molony, "That Miss Snively, President of the Canadian Society of Superintendents of Training Schools for Nurses, be elected President of the Provisional Committee of the Canadian National Association of Trained Nurses." Carried.

Miss Brent took the chair, and it was moved by Miss Snively, seconded by Miss Chesley, "That Miss Shaw (M.G.H.) be appointed Secretary-Treasurer of the Association." Carried.

The following Associations have joined the new National Association: The Canadian Society of Superintendents of Training Schools for Nurses; Ontario Graduate Nurses' Association; Canadian Nurses' Association, of Montreal; Hamilton Graduate Nurses' Association; Ottawa Graduate Nurses' Association; Manitoba Provincial Nurses' Association; Vancouver Graduate Nurses' Association; Calgary Graduate Nurses' Association; Edmonton Graduate Nurses' Association; Toronto General Hospital Alumnae Association; St. Michael's Hospital Alumnae Association, Toronto; Kingston General Hospital Alumnae Association; Hospital for Sick Children Alumnae Association, Toronto; Alumnae Association, Western Hospital, Toronto; Alumnae Association, Riverdale Hospital, Toronto; General and Marine Hospital Alumnae Association, St. Catharines, Ont.; Montreal General Hospital Alumnae Association; General and Marine Hospital Alumnae Association, Collingwood, Ont.

FRIDAY, 10.30 A.M.

The President announced that very cordial invitations had been received from Miss McFarlane, and the Graduate Nurses, of Vancouver, and from Miss Wilson, of the Winnipeg General Hospital, for Vancouver and Winnipeg, respectively, as the place of the next annual meeting, and also from Miss Stanley and the Board of Victoria Hospital, London. It was decided that the next annual

meeting be held in London. The report of the Nominating Committee was then read, as follows:

President, Miss Stanley, London; First Vice-President, Miss Snively, Toronto; Second Vice-President, Miss Lewis, Montreal; Secretary, Miss Brent, Toronto; Treasurer, Miss Meiklejohn, Ottawa; Councillors, Miss Livingston (Montreal), Miss Mackenzie (Ottawa), Miss Craig (Montreal); Auditors, Miss Sharp and Miss McCall.

Miss Greene, of Belleville, then read an able paper on "Training School History." This was followed by another important paper on "Preliminary Training of Nurses," by Miss Stanley, which was discussed by Miss Shaw and the President.

Miss Chesley then presented a paper of great practical value, entitled "The Day's Work," by Mrs. Harris, Visiting Nurse of the Anti-Tuberculosis Society, of Ottawa.

Miss Shaw then read a paper, which was listened to with great pleasure and attention, on "The Visiting Nurse," after which the Association enjoyed a delightful luncheon at the Golf Club.

FRIDAY AFTERNOON.

The report of the Nominating Committee was then adopted for the officers, and the Councillors were elected by ballot as above. Votes of thanks were presented to Miss Meiklejohn and the members of the Lady Stanley Institute, to the officers and Board of St. Luke's Hospital, and to the Lord Bishop, the Mayor and Mr. Woods on behalf of the Association.

The retiring President then introduced the new President, who made a brief and happy address, and proposed a vote of thanks to the retiring President, which was carried unanimously. The meeting then adjourned, to meet in London, Ont., next year.

The following new members were elected to the Association:

Active Members.—Miss S. M. Horner, Reception Hospital, Saranac Lake, N.Y.; Miss L. Butler, General Hospital, Brandon; Miss G. Woodland, Western Hospital, Toronto; Miss Jessie Sheraton, Aberdeen Hospital, New Glasgow, N.S.; Miss Isabel Brown, Royal Jubilee, Kenora; Miss Elizabeth McColl, Maternity, Ottawa; Miss Christina Mounsey, Cottage Hospital, Swan River, Man.; Miss Kate McTavish, St. Andrew's Hospital, Atlin, B.C.; Miss Elizabeth O'Connor, Isolation Hospital, Ottawa; Miss Lucy Hurlburt, Muskoka Sanitarium, Gravenhurst; Miss Mary Ard Mackenzie, Chief Superintendent Victorian Order, Ottawa; Miss G. Hastie Hardinge, District Superintendent V. O., Ottawa; Miss Elizabeth Chalmers, General Hospital, Regina, Sask.; Miss Christina McFadyen, General Hospital, Sherbrooke, Que.; Miss Elizabeth Austin, Cottage Hospital, Pembroke.

Associate Members.—Miss K. Gallaher, Assistant Superin-

dent Protestant Hospital, Ottawa; Mrs. Ennis, Assistant Superintendent St. Andrew's Hospital, Atlin, B.C.; Miss M. A. B. Ellis, Assistant Superintendent General Hospital, Toronto; Miss M. F. Grieg, Instructor of Probationers, General Hospital, Winnipeg; Miss M. C. Mathieson, Assistant Superintendent, General Hospital, Winnipeg; Miss Burgess, Head Nurse Maternity Department, General Hospital, Vancouver, B.C.; Miss Rudd, Assistant Superintendent, General Hospital, Vancouver, B.C.

The following delegates were present: Miss L. M. Caven, Mon. Gen. A. A.; Miss L. Baikie, Can. Nurses' A., Montreal; Miss L. C. Phillips, Can. Nurses' A., Montreal; Miss A. M. Colquhoun, Can. Nurses' A., Montreal; Miss Yvonne Baudey, Can. Nurses' A. of Ottawa; Miss Josephine Hamilton, Hospital for Sick Children A. A., Toronto; Miss Emma Elliott, Mack Training School A. A., St. Catharines; Miss M. E. Burgess, Gen. Hosp. A. A., Vancouver, B.C.; Miss B. S. Atkinson, Edmonton A., Alberta; Miss Gunn, T. G. H. A. A., Toronto; Miss Woodland, Miss Brent, O. G. N. A.

Visitors.—Miss L. Tulmer, Atlantic City Hospital; Miss C. B. Monk, Mounds Park Sanitarium, St. Paul, Minn.; Miss M. G. Berry, L. S. Institute, Ottawa.

LIST OF EXHIBITS

shown by the members of the Canadian Society of Superintendents of Training Schools at St. Luke's Hospital, Ottawa.

ST. LUKE'S HOSPITAL, OTTAWA.

Cardiac Ice Cap Support; Pneumonia Jacket, with Poultice Pocket; Nurses' Dressing Basket; Scultetus Abdominal Binder; Operating Room Gown; Laparotomy Drawers; Public Ward Table Napkin; Ice Hammock.

HOSPITAL FOR SICK CHILDREN, TORONTO.

Spinal Brace; Hip Splint; Knee Splint; Gallie Bed Splint; Box Splint; Individual Thermometer Holder; Japanese Ice Cap; Bottle Holder; Doll with Minerva Splint.

GENERAL PROTESTANT HOSPITAL, OTTAWA.

Catherization Tray; Enemata Tray; Emergency Eye and Throat Tray; Toilet Basket; Cover for Hot-Water Bag; Abdominal Binder; Dressing Rubber for Head.

GENERAL HOSPITAL, TORONTO.

The Gertrude Suit; Ward Slippers; Snively Breast Binder; Snively Obstetrical Leggings; Scultetus Binder; Nightingale Abdominal Section Binder.

GENERAL HOSPITAL, KINGSTON.

Circular Cork Pillow; Catheter Towel; Tonsillotomy Towel; Don-Pad; Cover for Glass Tumbler; Face Mask; Baby's Dress; Individual Tea Cosy.

PRESIDENT'S ADDRESS.*

Ladies, Gentlemen and Members of this Society,—It is our privilege and honor to hold the Second Annual Convention of the Canadian Society of Superintendents of Training Schools for Nurses in the City of Ottawa, the capital city of our great and wide Dominion.

For more than half a century the City of Ottawa has had the enviable distinction of being the seat of our Canadian Government. As loyal British subjects (some of whom visit your city for the first time), we recall with pleasure the fact that the cornerstone of your Parliament Buildings, which are of the Italian-Gothic style of architecture, was laid by the greatest and wisest of monarchs, at that time the Prince of Wales, now His Most Gracious Majesty, King Edward VII., of England.

An additional source of pleasure, and one which, as time goes on, we shall all appreciate more and more, with each succeeding year, is that once more opportunity is afforded us for looking into each other's faces, for clasping each other's hands, and warming each other's hearts.

The kinship which exists between those who are engaged in the same work, especially if that work be such as is represented here this morning, though not at all understood by outsiders, and perhaps only partially understood by ourselves, is one of the strongest and most helpful factors in gatherings such as this, and would in itself be sufficient reason for the existence of our Society.

But we have more tangible cause for congratulation: The increase in the membership of our Society during the past year has been most encouraging.

This Association will be asked to receive into its membership applicants resident on our Atlantic seaboard, others from our Eastern and Western provinces, and also those resident on our Pacific coast. To all of these, I feel assured, this Society will extend the right hand of fellowship, and rejoice over every additional member who will join with us in our endeavor to strengthen and perfect that which is lacking, "according to the working in due measure of each several part (or member), making the increase of the body unto the building up of itself in love."

The privileges, the duties and responsibilities which membership in this organization has entailed during the past year, have been bravely met, not only by your Executive, but by many individual

* Delivered before The Canadian Society of Superintendents of Training Schools for Nurses.

members who have consented to spend much valuable time and labor in the preparation of papers on "The Early History of Hospitals and Training Schools in Canada," as well as in the consideration of other subjects which we will have the pleasure of hearing discussed during the various sessions of this Convention.

Your Executive has aimed to make this annual gathering a time which we shall not only enjoy socially, but educationally, and, I was about to say, spiritually as well.

The urgent need for post-graduate study we have sought to meet, in some measure at least, by means of exhibits of hospital and training school appliances, by demonstrations, and by carefully prepared papers, which deal not only with all that is newest and latest in hospital and training school work, but with present-day questions of vital interest to the nursing profession.

The model society is ever that in which every member performs his or her own part or duty.

For the encouragement of those who have labored for this Society this year, and also to incite to effort those whom we hope to induce to attempt great things in the future, I will quote the words of the late Charles Kingsley:

"Thank God every morning that you have something to do that day which must be done whether you like it or not. Being forced to work and to do your best will breed in you a hundred virtues which the idle never know."

And also of Theodore Roosevelt, who says:

"The law of worthy life is fundamentally the law of strife. It is only through labor and painful effort, by grim energy and resolute courage, that we move on to better things."

It would seem only natural on this occasion, when the nursing profession in Canada has begun to awaken, and to take time to consider her possibilities, that she should remember the position which trained nursing holds in the world to-day.

In the year 1906, there was published in London, England, "The History of Nursing in the British Empire," by Sarah Tooley, the author of "The Life of Florence Nightingale." In the preface of this most interesting volume, which deserves the most careful consideration of every trained nurse, we read the following: "The rise and spread of trained nursing is one of the most remarkable developments of the last half of the nineteenth century, and forms an important chapter in social progress. It is a matter for national pride that Great Britain has been the cradle of this beneficent movement."

In January, 1908, there was published in New York City an exhaustive "History of Nursing" by Miss M. A. Nutting and Lavinia L. Dock, the former a Canadian nurse, trained in the

Johns Hopkins Hospital, Baltimore, and the latter an American, trained in Bellevue Hospital, New York City. Those who have read these two volumes will look forward eagerly to the third volume, promised on condition that present-day nurses manifest sufficient interest in the books already published to warrant the publication of a third volume.

May I commend these volumes for your perusal, and may I suggest that not only should every training school library contain these books, but that they should be read and pondered by every nurse in the Dominion of Canada.

Cold indeed must be the heart of that nurse, and dead indeed the imagination that will not be kindled into keener action and fired with higher ambitions when perusing the pages of this truly great work.

Although cause for congratulation may be had in the work thus far undertaken and accomplished by the Canadian Society of Superintendents of Training Schools for Nurses, and by nurses the world over, it remains for this Society this year to take one more step in the forward movement which is so characteristic a feature of the twentieth century.

In the year 1899, there was formed in London, England, a society called "The International Council of Nurses," the history of which, from the pen of its founder, Ethel Gordon Fenwick, Hon. President, may be found in the August number of the American Journal of Nursing, 1901.

The first President, Secretary and Treasurer of this International organization were elected for a period of five years, and in the choice of these officers, representatives of the nursing councils of England, the United States and Canada were chosen.

It so happened that your President was at this time elected the Honorary Treasurer of the International Council of Nurses, as the representative of our beloved Canada, which office she held for a period of five years. At the expiration of this period of time, she was made Vice-President, which position she now holds, and will doubtless continue to hold, until such time as Canada may so unite her scattered nursing societies into one national league or association, as will enable her (Canada) to be represented by the President of this united body. Letters have been sent to all known organizations of nurses in Canada for the purpose of asking them to affiliate with the Canadian Society of Superintendents of Training Schools for Nurses, and many of these societies are represented by delegation at this Convention. The question we will be asked to consider, therefore, before the close of this Convention, is whether or not at this time it will be advisable for Canada to place herself in such a position as will make it possible for her to unite

with the International Council of Nurses this year. As stated in the circular letter sent out in July last, the nations now forming the International Council of Nurses are Great Britain, Germany and the United States. Holland, Belgium and Finland will be admitted this year. Why, therefore, should Canada delay?

In the year 1904, the two representative nursing organizations, viz., "The American Society of Superintendents of Training Schools for Nurses" and "The Associated Alumnae of the United States," united to form a third society, known as "The Federation of American Nurses." The united executives of these societies chose a President, Secretary and Treasurer, and in this way sought and gained for the nurses of the United States admission into the International Council of Nurses.

To show you the attitude of the Mother Country towards Canada on this question, I quote from a recent letter from the President of the National Council of Trained Nurses of Great Britain and Ireland, Mrs. Bedford Fenwick: "It would be delightful if Canada could somehow affiliate with the other countries. At present the three countries which form the International Council are Great Britain, United States and Germany. Denmark, Finland and Holland have already asked to join with us next year, and I do want Canada.

"Our Matron's Council, which is synonymous with your Superintendent's Society, did this—it invited all the Nursing Societies to join by delegation. This committee took the name of the Provisional Committee of the National Council of Nurses of Great Britain and Ireland, and when it felt strong enough this year, adopted a constitution and name. Now, could you not do likewise? Call it the Provisional Committee, or the National Council of Nurses of Canada, or the Canadian Nurses' National Council; appoint a president, secretary and treasurer. We would be pleased to welcome the Provisional Council of Canada into the International Council next year.

"Let me know what you think of the provisional scheme. If you could found the National Council of Nurses for Canada right away, it would be grand."

In the article previously referred to, viz., "The History of the International Council of Nurses," these words may be found: "Professions, like nations, can only flourish by development of the individual sense of corporate responsibility. The first aim, therefore, of the International Council of Nurses is to organize nurses all the world over and make them articulate."

In closing this address, I ask you to consider with me the brave women, strong and true, and the God who led and guided and helped them to make the past of our beneficent profession. We

are grateful that we do not have to live that past over again, and thankful for the heritage into which we have entered.

But let us all remember that privilege means responsibility; that a better century does not mean that it should minister to us, but we to it, and also that we can only be worthy of the great inheritance which has been bequeathed to us, as we use our larger opportunities to make our country and the world better and brighter, purer and nobler with each succeeding year.

MARY AGNES SNIVELY.

THE WORK OF THE TRAINED NURSE IN THE WORLD TO-DAY.

It is not my purpose in this paper to go into elaborate detail of the different lines of work carried on by the nurses of to-day, but to mention briefly what is being done in this and other countries; what we are doing; and how far we, as teachers, are responsible for the education of the future graduate.

The work of the nurse to-day does not mean the care of the sick alone, but it means, or should mean, education in the broadest sense. Recognizing this, and how poorly equipped from a trained standpoint are many of those of our ranks holding hospital positions to-day, a grand effort was made by several of our best workers, and a course in Hospital Economics has been established at Columbia University. That it exists and is progressing is due, largely, to the efforts of the nurses of the United States and Canada. How far-reaching this work will be for the betterment of all conditions of nursing, it is impossible yet to fully realize. The chair of Hospital Economics is filled by one whom we delight to honor—Miss Adelaide Nutting. No small part has been played in the education and raising of the standard of our profession by the journals and magazines edited and published by the nurses of Great Britain, the United States and Canada. Some of the ablest and most lasting literature on hygiene and sanitation has been published by our beloved foundress, Florence Nightingale; and the latest addition to nursing literature, by Miss Adelaide Nutting and Miss Dock, is evidence of the advance that is being made in literature by the members of our profession.

Now, let us consider the work that is being done outside of the walls of hospitals.

First.—We have the District Nurse, and there is perhaps no branch of the profession which so universally commends itself to the public favor as that of district nursing, or one which is so well organized.

The care of the sick poor in their own homes appeals on the

broad ground of common humanity, and has a far wider influence than even the tending of the sick in hospitals, important as that is.

The nurse, with her bag, wending her lonely way through the crowded streets of our large cities, is a figure which commands something akin to veneration.

She brings into the squalid homes of the poor an educative and refining presence; teaches by gentle suggestion the laws of health and hygiene; puts heart into the overburdened mother; helps the husband to regain self-respect; brightens the lives of the little children; and gives even the meanest room or tenement the appearance of home.

Though her work may begin in charity, it creates a disposition for self-help. To quote the words of a writer, "It is almost true to say that wherever a nurse enters, the standard of living is raised." And again, Canon Wilberforce says, "Women are to be found at the root of every movement for the benefit of mankind, but the district nurse exercises the most civilizing and humanizing influence of all."

We, of this day, cannot claim to be the originators of this work, for it is as old in spirit, if not in organization, as Christian charity. Do not we read of the Deaconesses commended by St. Paul, and they surely are the prototypes of the District Nurse? We can, however, claim to have opened up new avenues of work. The nurse, in her daily visits, seeing the circumstances of the poor in their homes, would naturally seek to improve the conditions of those suffering. This has led to the appointment of the Nurse Inspector of tenement houses, and the co-operation with Boards of Health and with the social worker. This last-mentioned is one of the latest forms of charity work, and has filled a long-felt want.

The hospitals for a long time have felt that their duty did not end with the discharge of patients. There has, therefore, been established in connection with some of the larger New York hospitals the Social and Convalescent Relief work. The assistance rendered is of wide range, and depends upon the necessities of the patients, which may arise from destitution or protracted convalescence, or from the fact that they have neither home, relatives or friends, or from need of employment. It also secures for them admission to the homes for incurable, or similar institutions, again procuring a few weeks' stay in a convalescent home, where the country air will fit these unfortunates to take up the burden of their work again.

The saving of the lives of the little ones of our lands is now becoming a most grave and pertinent question. Who can do so much as the visiting nurses following up the cases from the dispensaries, and providing proper food by the establishment of these dispensaries and milk laboratories, educating the mothers in the proper mode of preparing and the care of the food supplied?

Second.—Since the establishment of the School Nurse, what

has been accomplished? With the medical inspection of the schools exclusion was the main point, the object being to protect other children. This was not accomplished, as the children could not be followed into their homes, and the causes of the trouble still remained. With the advent of the nurse, this has been in a large measure prevented, as in addition to the school work, she follows them to their homes, and there her influence is felt, not only by the immediate results of having the school children cared for, but by radical changes in the home surroundings. The result is that, in making statistics during one month, it was found that, under the old system of medical inspection, 10,567 children were excluded from school, while, with the new system, only 1,101. From these numbers it can be estimated what a serious loss of school time was suffered by those who could least afford to lose it, as to that class of people the school time is all too short.

Third.—We are all familiar with the Settlement Nurses, who, living amongst the people, accomplish their work of helping the masses to not only prevent disease, but to help themselves and to develop into useful members of society.

Fourth.—What shall we say of our Mission Nurses, who, from far India to the frozen regions of the North, are waging the battle against ignorance, crime and disease. Who rendered the greatest service in the histories of the recent wars and placed the care of the sick and wounded on a proper basis?—the women of our profession.

Fifth.—In her own small way, Canada has added her quota to the workers in this noble army. Our nurses are doing mission work, not only in far-away places, but in our very midst. In our own city we see daily our mission nurses wending their way from home to home. We have our "Grand Victorian Order," that has been such a power for good; we have our Tuberculosis Dispensary Nurse, whose life is spent in trying to allay the horrors of that dread disease; two of our cities have the School Nurse, and we have our Army Nursing Corps.

Sixth.—There is one sphere which we have forgotten, that is the nurse as a home-maker. All of us have had under our care the girl who has suffered from the lack of proper home-training. In fact, I think half the worry in the world to-day is caused by failure on the part of people to realize their responsibilities. We cannot reform the world, but let us see to it that our little corner is such that the women who leave our care are so imbued with this idea of responsibility and of setting the example of honor, love and loyalty, that the homes they make will help keep Canada in the front of the battle for right.

Now, what shall I say of the responsibility of those of us who are training young women to go out to meet these situations?

It is impossible for many of us to give our nurses the actual experience in this work, but can we not try to instil into them the

spirit of self-sacrifice and love which will make them hear the "cry of the children?" and so, as they go forth from our care, they will, even if they go to their homes, learn to help others who cannot help themselves.

LOUISE BRENT.

THE NURSING OF CHILDREN.

It was pointed out to me recently by a physician, that the reason a nurse who had trained in a Children's Hospital appeared to him more adaptable was due to the fact that the maternal side of a woman was more fully developed by the nursing of children; and the nurse to-day who thinks that she can acquire all that is to be learned in the nursing of children by spending only a month, more or less, in the wards of a Children's Hospital, has failed to realize the importance of this branch of the work.

The management of sick children differs in many essentials from that of adults who are ill, and we must realize that they do not give us much help with regard to their ailments, younger children being constantly fretful when sick, and it is not always an easy matter to know why they are so peevish and cross.

What may be considered success in the cure of children depends almost entirely on the nursing. Take the case of patients who form the largest class in Children's Hospitals, viz., tuberculous lesions of joints, spine, etc. Does not the handling of these children from day to day mean almost entirely the cure, or failure to cure; and if the nurse can be made to realize that on her rests all this responsibility, surely we are bringing home to her one great point, absolute attention to the most minute detail of her work?

The other class of patients, "the babies," depends also upon this exactness. We have found in our hospital here that the three great factors in our success are: Proper feeding, proper handling and fresh air.

For this reason, infant feeding is among the first lessons given to our probationers, both practical and theoretical; and after they have been accepted, the care of the tuberculous patient is one of their first demonstrations.

The subject of nursing in infancy and early childhood, in its entirety, is far too great to be discussed in the space and time at our disposal; let me therefore draw your attention to certain points along the line of institutional nursing.

First.—One of the most important items on baby's programme is his feeding. One nurse has entire charge of the babies' diet kitchen, and prepares all the milk mixtures, whey, barley water, etc., strict asepsis being maintained.

These mixtures are kept in a large ice chest, used only for the

above purpose. This leads up to the practical question as to what is the best kind of refrigerator, as absolute cleanliness is essential. The inner portion should be of metal. Those made entirely of metal are unsatisfactory, as in them the ice melts very quickly. If the ordinary metal refrigerator is encased in a wooden box, we have the best form. The compartments should be so arranged that the bottles of milk are either in contact with the ice, or very near it. The supply of ice should be abundant. To be effective the refrigerator should have a temperature of not over 50 deg. F. The temperature should be tested with the nursery thermometer to ascertain what results are being obtained. Spoiled milk, owing to faulty refrigerators, is to be blamed for many attacks of acute illness among patients.

Second.—A point which is rarely emphasized, yet of vital importance to the infant, is prophylaxis as to intestinal disease in bottle-fed babies. Therefore, the nurse is taught that diarrhoea is ever to be feared, and that the stools of infants suffering from this are infectious, and whenever changing is required it is done without delay. Many affections of the skin arise, too, from not removing the soiled linen sufficiently soon.

The soiled diapers are placed in an antiseptic solution, such as carbolic, 1-20. They are then washed and boiled in the ordinary way. The buttocks are apt to become excoriated from the irritating evacuations; accordingly the nurse should carefully wash the parts with warm boracic solution, and dry thoroughly with a piece of absorbent, or soft gauze. Whenever possible the babies are given a sun bath of several hours in a canvas-sided shelter facing the south, provided with a drop shade in front.

Third.—As to the infant's exercise, I am afraid we are inclined to underestimate the importance of this. It is to be obtained by kicking, general wriggling and throwing about of the arms. Every baby that is well enough should be allowed a certain time on a "kicking pad." Being sufficiently protected, he is able to use arms and legs at will. A word might here be said as to the nature of the cot. There are many in use. Probably the best is a shallow basket-like structure; it is easily moved, allows for a free circulation of air; and it also facilitates the handling of the little one. Each cot is supplied with a hot-water bottle, covered with two flannel covers, also with an individual thermometer enclosed in a special case attached to the head of the cot.

During convalescence, the nurse should see that the infant is warmly clothed, as, being considerably emaciated, he will readily take cold. It is of special importance that the abdomen and legs should be well covered, preferably by a close-fitting knitted garment.

Fourth.—Regarding the other class of patients mentioned in the beginning of this paper, I may say that, to successfully nurse them, requires prolonged association with them and special in-

struction in the principles governing the treatment. Many of the patients are suffering from tuberculosis of bones and joints. It is in the management of these cases particularly that the vigilance and intelligence of the nurse is required, for, upon the accuracy with which she carries out the treatment, depends the progress of the disease and its final cure.

It is not of infrequent occurrence that, after a patient has been some months under treatment, and good progress has been made, a relaxation in watchfulness results in retrogression. This misfortune should be guarded against in every possible way, and every effort made to impress the nurse with a sense of responsibility.

The principle which underlies the various treatments of tuberculosis in bones and joints is, that a cure can most rapidly be brought about by a complete fixation of the joint.

This idea has to be constantly drilled into the nurse, in order that she may intelligently carry out the details of treatment.

It is not enough that she shall understand how to handle this class of patients, but it is imperative that she shall understand the reason of every detail, and fully appreciate the evil effects of carelessness. When once she has fully grasped the underlying principle, the various treatments, although sometimes apparently complicated, are assured of proper success.

Fifth.—Hip-joint disease is the condition most commonly seen in the wards. It usually calls for some months of bed treatment, followed by a year or more of treatment with ambulatory apparatus, during which time the patient is seen in the out-patient department. In order that the fixation principle may be carried out, the child, besides being confined to bed, is either put into a plaster spica, or a bed splint. The latter was devised by our Associate on the Orthopedic service, and has been of great benefit to the patients and help to the nurses, as it allows of movement of the child from its bed without removing extension.

The spica cases are the easiest to handle, as they can be picked up and carried about without any fear of disturbing the joint.

For sanitary reasons, the spica cannot be used in the case of very small children, although, even in these, the use of varnish will keep the plaster tolerably clean for quite a long time.

For very small children, or those who require to have sinuses dressed daily, some form of apparatus, or stretcher, is employed.

The application of the adhesive plaster extension requires some special attention. In order that the movement of the joint may be reduced to a minimum, two nurses are required in the operation. One holds the leg firmly, with moderate traction, while the other applies the adhesive plaster and the bandage. We always try to impress upon the nurse the necessity of applying the bandage well, in order that it may not have to be changed for two or three weeks. Stitching the bandage is of great assistance. The

adhesive plaster is cut into narrow strips in order that strips of skin may be left uncovered, which can be used for the application of a new extension at the end of three or five weeks.

It is not safe to leave the plaster for a longer time, because of the formation of superficial ulcer. The bathing of these tuberculous patients requires special mention. Here again the nurse has to bear in mind the general principle—that the affected leg must be kept immobilized. In acute cases, therefore, the hospital routine of a daily bath must be dispensed with, and a substitute made in the form of a partial sponge bath.

This is given with the least possible disturbance of the patient, and when movement is unavoidable, the assistance of a second nurse to steady the affected part is required. Where it is necessary to remove the apparatus to give a bath, it is better to lengthen the intervals to periods of a week or more than to run the chance of injuring the diseased joint.

In cases of Potts' Disease, the point to be impressed upon the nurses is simply keeping the patient flat on his back, or on a bowed surface, which hyperextends the spine, which position must always be maintained, even while bathing and changing.

The nursing treatment of other joints amounts to practically the same thing as above, viz., absolute rest.

Patients suffering from this disease should, as far as possible, be treated in the open air.

In bright weather the cot should be placed out of doors, and, when this is impossible, the windows of the room must be kept wide open. There is no doubt whatever that more rapid progress towards recovery is made where attention is paid to this important matter.

The diet of these patients is always a matter of difficulty. It is an unfortunate fact that the very foods which are of most benefit are often distasteful to the patient, and they do not take sufficient to maintain the vital resistance. The diet of greatest value is one composed of cereals, bread with abundance of butter, eggs (raw or soft-boiled), milk, cream, and the rare meats and fruits.

The class of patients we have just been speaking of will often tax the resources of the nurse to the utmost; but if she maintains careful treatment, feeds him carefully and supplies him with as much fresh air as possible, while she does not neglect the important matter of bodily cleanliness, she may rest assured that she is doing all that lies in her power to aid the patient's recovery. Time and patience will achieve much, and we have often observed successful results follow upon strict attention to the points in nursing which I have tried thus briefly to emphasize.

F. POTTS.

PRELIMINARY TRAINING.

With the demand for educated nurses, it was natural that we should look into our methods, with a desire to improve them. Nurses have largely controlled every advance made in their profession, and it is by their efforts alone preliminary instruction has passed the experimental stage, to a definite plan in many of our hospitals. Seventeen years ago the Glasgow Royal Infirmary conceived the idea of a course, which included lectures and demonstrations in anatomy, physiology, bacteriology, hygiene, cookery and ward work. A few years later the London Hospital established a system differing in methods, but with the same end in view. About 1900, American superintendents, with their customary enthusiasm, began to establish the work on more extended lines, proving its merit by its speedy adoption in a large percentage of their hospitals.

The aim of preliminary education was to "equip the pupil for practical work, by teaching her the underlying principles governing that work," to study the comfort of the patient, and the best method of securing it; to know the use and abuse of materials, to understand the danger of extravagance, to protect her health by hygienic surroundings, and to maintain the ethics of her profession. Pupils are consequently enrolled under better conditions, have higher ideals, give clearer reports, and have a more intelligent idea of the cause and prevention of disease. Questions arise now, not as to the benefits to be derived from the system, but rather as to the advisability of continuing a scheme where probationers render no service to the hospital, but, on the contrary, are an item of expense. The heads of training schools will scarcely acknowledge the imputation when they know that the practical work performed in the study of methods secures to the advanced pupil time for the immediate care of the sick. Making solutions, surgical supplies, care of linen, etc., entails no small amount of time in the general management of a hospital. When the practical demonstrations are given in the public wards, or out-patient department (as they not infrequently are), expenses are slightly, if at all, increased; but if not, the benefits derived offset the outlay.

In looking over reports and statistics obtained from Canadian hospitals, we find a fairly good percentage have undertaken the work. Four schools, out of a dozen representative, have paid instructors and an average period of three months. Two carry out the same schemes by a rearrangement of hospital duties under the assistants. Two, owing to lack of accommodation, prepare their pupils by demonstrations in the wards and classes three evenings

in the week; others continue a more or less modified idea of the old system, but all approve of preliminary instruction.

That a lack of uniformity prevails is conceded; that this might be overcome, either by appointing a committee from our Society to investigate methods already started, and arrange therefrom a uniform curriculum, or by petitioning the government to appoint an inspector (nurse), with authority to act, as in the public school system.

Our hospitals are largely, I believe, if not altogether, under government inspection, and our trustees in sympathy with our ambitions, so that a way might be paved through their co-operation.

Naturally we look to the larger schools to perfect the system, but we must not overlook the fact that, in so doing, they may place the smaller schools at a disadvantage; they look to us for help rather than discouragement. Could we recommend to them from our preparatory classes candidates who are refused on the ground of not being able to keep pace in our busy wards? Would the smaller schools honor the recommendation by granting them the probation period? On the surface, it would appear a great help to many overburdened heads, and might possibly secure to the profession some desirable material.

Our ideals are not overtaken, but we are gaining ground. The preliminary course is only a stepping-stone to the central school system. In many sections technical schools have proved of great value, and it is not too much to expect that our public school system may yet offer an elective course to this as to other professions, "thus enabling the pupil to enter a school equipped for practical work, and the study necessary to make that work a success."

In considering the development in our work, we cannot too thoroughly appreciate the efforts of nursing journals in keeping before us the many schemes for our advancement.

May I suggest that Misses Snively, Brent and Shaw give us the benefit of their endeavors.

MARGARET E. STANLEY.

THE FERNIE FIRE.

The fire which almost obliterated the fair city of Fernie occurred on Saturday, August 1st. Bush fires had been burning for several weeks within a short distance of the town and the fire brigade had been called out on more than one occasion when the town seemed threatened from one point or another; but no one seemed to think very seriously about them, except in so far as a great deal of valuable timber was being destroyed, the loss to the mill owners

being very great. A few days before the fire we noticed that a serious one was raging near the town of Hosmer, eight miles east of Fernie. At night we could see the glow on the mountain side, and felt glad to think we were so far away from it.

On the Saturday morning we noticed that fresh bush fires seemed to have been started directly south of the town, but spoke about them only in a casual way. The wind that morning was blowing quite strongly, but this was nothing unusual. About three in the afternoon, however, it had developed into a hurricane, blowing the dust into the air, so that between it and the smoke, the sun was quite obscured at times. Then the fire rushed down upon us from the southwest. First, the brewery and some small houses in the "old town" became ignited. Then the Cedar Valley and Elk lumber mills, on the opposite side of the town. Balls of fire from these buildings were blown for blocks, and as we had had no rain to speak of for a month, everything was ripe for fire. It was of no use to throw water on the sides of the houses, or on the lawns and fences. The attack was made on the roof. When the lumber mills went on fire, in West Fernie, the flames leaped the Elk River at its narrowest point, just below the park, and, flying up the bank, burned a fine house, formerly belonging to the Crow's Nest Pass Coal Co. The fire brigade did their utmost, but it seemed perfectly useless to struggle, when five or six different parts of the towns were attacked at once. By this time, people began to realize that the only thing for them to do was to try to escape from the doomed town, and a general panic ensued, although a few people refused to leave, and fought for their buildings until they saw there was absolutely no hope, most of the people ran out just as they were, not waiting to try to save any valuables, or even to put on hat or coat. Some who packed their trunks and put them outside were as badly off as those who walked out without anything, as the trunks were burnt on the lawns. The heat was intense, and the smoke and dust intolerable. Indeed, one could scarcely recognize his next-door neighbor. Everyone fled before the devouring element, no one having any definite idea where to go; but before long a crowd had collected inside the Crow's Nest Pass Coal Co. building, which is built of stone, and stands on a large square of grass. Some thought this place unsafe, however, owing to its large area of shingle roof, and left it, looking for a better place of shelter. Then a report got about that the Great Northern trains were taking people out of town, and a rush was made for a freight train which was standing on the track. This took the refugees out about four miles, to the "cut bank," and left them there until it went back for more. Others fled to a large fireproof warehouse, the Western Canada wholesale grocery. But these were only permitted to remain until the C.P.R. Station went on fire. Then it was thought unsafe to stay longer, and a rush was made for the Coal Creek train, which happened to be standing

on the track, having come down at 4 o'clock as usual. The C.P.R. also took many people to Hosmer, but could take them no farther owing to some bridges having gone; and besides, there was a report that Michel also was burning. The patients in both hospitals were saved. Those in the Fernie Hospital were dressed and given their money before the fiery element reached that part of the town, as the hospital was near the northern end. The two nurses on duty at the time did noble work, never for a moment losing their self-control. The hospital had a large vegetable garden in connection, and as the convalescent patients were dressed they were taken out there until the others were ready. Some miners helped to carry the stretchers with those who were too ill to walk, and they were all taken to the Western Canada building, and afterwards transferred to the Coal Creek train, where they remained until 11 p.m., when a relief train was sent from Cranbrook, and they were taken to the hospital there. Too much cannot be said in praise of the Cranbrook people, who received the refugees with open arms, and did all in their power to make them comfortable. The sufferings of the stricken people during that awful night it would be impossible to describe. Some stood all night in the Elk River, at Fernie. Those at the Cut Bank suffered everything from smoke, hunger and exposure. Those at Hosmer seemed to have been the worst off, as the town was surrounded by fire all night, and the refugees took to the beach and the coke ovens for safety. Besides which, a quantity of combustibles was stored about the town for the mines, and there was constant danger of explosions. Fortunately, the place where five hundred barrels of dynamite were stored was spared by a providential change of wind. But the powder house was blown up, and some smaller quantities of dynamite, breaking all the window glass in town.

In spite of the distressing circumstances, the loss of life was comparatively small, only about twenty bodies having been found. Four of these—a whole family—were found in a well, where they had evidently taken refuge and been suffocated.

Another body was also found in a well—a man, who, it was supposed, had stumbled in when blinded by smoke and flame. In less than three hours it was all over, and nothing was left of our fair city but heaps of smoldering ruins. Just five buildings were left standing where the business part of the city had been. Churches, schools, hospitals, everything gone. About thirty-two houses in all were saved, chiefly in the south-east portion of the town.

Of course, at such times as this many stories and legends are recalled. It is said that for many years the Indians have called the place where Fernie stood "Death Valley." At any rate, it has been noted that while Indians frequent the surrounding towns, very few ever come to Fernie, and none ever stay overnight.

M. E. KIDD.



The Superintendent of the Victorian Order of Nurses has received a number of interesting letters from Miss Edith Mayou, the Victorian Order Nurse, who, in 1906, volunteered for service, under Dr. Grenfell, with the Deep Sea Mission. Miss Mayou is stationed at Deep Sea Mission Hospital, Harrington Harbor, Canadian Labrador, and writes:

"I like my life here very much indeed. The people are realizing what a grand thing it is for the coast to have a hospital doctor and nurse here; they wonder how they did so long without us.

"Dr. Hare, by komatik in the winter, and by steam launch in the summer, patrols four hundred miles of coast, visiting the scattered settlements, and bringing here any patients who need treatment; he is seldom here for more than a week at a time without having a call from the east or from the west. He travelled over fifteen hundred miles by dog team last winter, and saw several hundred patients. I prescribe and treat during his absence only, keeping, of course, a record of my diagnoses and treatment for his inspection. I have several times been called up in the 'sma', wee hours' to go out on dog sled, or in a boat, to see patients on the distant islands or mainland.

"This hospital is very comfortably furnished now. It seems hardly possible that we are in Labrador; friends have been so kind and generous to us that we are able to do our work much more effectually than we could have done, if our hands had not been so strengthened.

"I am enjoying my life here very much, for I think that I have been able really to do some good. I am busy all the time, and although I get up at 6.30 in the winter, and at 5.30 in the summer, I seem never to have time for all I wish to do.

A POST-GRADUATE course in District Nursing, four months, is given at one of the Homes of the Victorian Order of Nurses, either in Ottawa or in Toronto. For full information, apply to the Chief Lady Superintendent, 578 Somerset Street, Ottawa, or to the District Lady Superintendent, 206 Spadina Avenue, Toronto.

The
Guild of



Saint
Barnabas

"Je le pansay ; Dieu le guarit." [I tended him ; God healed him.]
—Ambroise Paré.

Canadian District

MONTREAL.—St. John Evangelist, first Tuesday, Holy Communion at M.G.H., 6.15 a.m.
Second Tuesday, Guild Service or Social Meeting, 4 p.m. Third Tuesday, Guild,
Service at St. John's, 8.15 p.m. Last Tuesday, Holy Communion at R.V.H.
6.15 p.m.

District Chaplain—Rev. Arthur French, 158 Mance Street.

District Superior—Miss Stikeman, 216, Drummond Street.

OTTAWA—The Cathedral, First Monday.

Chaplain—Rev. Canon Kitson, the Rectory.

Local Superior—Miss L. C. Wicksteed, 494, Albert Street.

TORONTO—St. James' Cathedral Rectory, last Friday, 8 p.m.

Chaplain—Rev. Canon Edward A. Welch, St. James' Cathedral Rectory.

Local Superior—Mrs. Welch.

Secretary—Miss Maud Roger, 5 Howland Ave.

There must be many cases where neither a priest or a physician can get access to the patient's heart, but the nurse who has been with him through wakeful nights and painful days, is permitted to say things, and to make suggestions that he will not tolerate from anyone else. This, however, is a high privilege to the nurse, and is only to be won by those qualities which we seek and desire in the Guild—the qualities of gentleness and constant sympathy. It does sometimes happen that nurses get very weary of their work—not weary of their professional work—but they get tired of the whims and vagaries, especially of nervous patients. I have never met a nurse who shrank from facing infection ; I have never known one tired out with the difficult routine of a surgical case ; but I've known a great many whose faith and patience and love have wavered, and sometimes were overcome, by the extreme tiresomeness of nervous patients.

And if it is difficult for the doctor to go and sit by the patient for a quarter of an hour, and listen every day to the same tale of misery and petty fault-finding, how much worse for the nurse, who is with her patient night and day ? That is the sort of difficulty which is only overcome by devotion founded upon, and nourished by, the religious life. There is no other chance.—
Extract from an Address by Mrs. Scharlieb, M.D.

My Scallop-Shell of Quiet

*GIVE me my scallop-shell of quiet,
My staff of faith to walk upon,
My scrip of joy, immortal diet,
My bottle of salvation,
My gown of glory, hope's true gage;
And thus I'll take my pilgrimage.*

*Blood must be my body's balmer;
No other balm will there be given;
Whilst my soul like quiet palmer
Travelleth toward the land of Heaven;
My soul will be a-dry before,
But, after, it will thirst no more.*

—Sir Walter Raleigh.

THE TRIALS OF LIFE.

"All have their difficulties. If you wait till everything is as it should be, or might be, you will do nothing, and will lose life. You must choose, you cannot make. All roads have their obstacles. One has a strong gate across it; another goes through a bog. Is no one to go on? The finest words about the necessity of getting home before nightfall will not enable your poor little pony to take the gate." So it is. We cannot "wrestle with impossibilities." Neither can we "make facts to pattern." Nor can the creature argue with the Creator. We are so small in our lives, so little in our powers, that we are constrained, in the nature of the case, to have but half and quarter views of things.

Let us try to take large and sensible views. No two, of course, are quite the same in the lot of life; and things that apply to many will not apply to all. But "in our present state," a great philosopher tells us, "all we enjoy, and great part of what we suffer, is put in our own power; for pleasure and pain are the consequences of our actions; and we have capacity for foreseeing these consequences. By prudence and care we may, for the most part, pass our days in ease and quiet; or we may, by rashness, passion, wilfulness, or negligence, make ourselves miserable; and many do make themselves miserable, that is, they do what they know beforehand will render them so. They follow those ways, the fruit of which they know, by instruction, example, and experience, will be disgrace, poverty, sickness, and untimely death."

These are weighty words, and well worth our careful consideration. Why not resolve to train ourselves? Nurses, at any rate, are taught to do so. Their lives are regarded as models of discipline, devotion, and sacrifice. And what they are taught to do they determine to do; in other words, they make a voluntary thing of their training. They do not go about their work in a customary way, without consideration or design. Their memory, intellect, and will are all brought to bear upon it consistently; and if they may not always naturally like what has to be done, they bring forth (to put it philosophically) "forced acts of the will," and elect to do, and oblige themselves to do, and voluntarily do, the duty which they know belongs to their state. For ready examples of devotion to duty in their path of life, somehow none seem to come to mind more fittingly than our nurses, not even our soldiers and sailors.—*Father H. R. Buckler, in The Catholic Nurses' Magazine.*

The Canadian Nurse

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Editorial.

CANADIAN NATIONAL ASSOCIATION OF TRAINED NURSES.

Nothing since THE CANADIAN NURSE made her first little bow has given the Editorial Board more sincere pleasure than the formation of the National Association. We announce it to the nursing world with pardonable pride, feeling that we had some share in it, and we know, from assurances already given, that the new National Association will receive a sisterly welcome from the members of the International Association. The constitution seems perfectly adapted for its purpose, and in its first officers, Miss Snively, the President, and Miss Shaw, the Secretary-Treasurer, the society is indeed fortunate. May success ever attend it.

THE CANADIAN SOCIETY OF SUPERINTENDENTS.

On the annual meeting great congratulations are in order. The excellence of the papers and discussions, the honor paid to the Society by the Lord Bishop, the Mayor and the citizens of Ottawa, and the dignified and cordial tone of the proceedings, leave nothing to be desired. We congratulate Miss Stanley upon the Presidency conferred upon her by the Association, and hope that the London meeting may meet with every success.

THE AMERICAN HOSPITAL ASSOCIATION.

The tenth annual meeting of this important Association was held in the banquet room of the King Edward Hotel, at Toronto, on Sept. 29 and 30, and Oct. 1 and 2, 1908, under the presidency of Dr. Goldwater, of Mount Sinai, N.Y., ably assisted by the Secretary, Dr. Babcock, of Grace Hospital, Detroit. The convention worked hard and accomplished much. Important committees were appointed on the training of nurses and other live questions. The addresses were characterized in most instances by sound common-sense. As Dr. Kavanagh, of the M. E. Hospital, Brooklyn, remarked: "We may give all the diplomas and degrees we like. The great public has only two degrees, one of which it always confers—O.K. and N.G.!"

Naturally, the papers most interesting to THE CANADIAN NURSE were those by Miss Alline on the "Inspection of Nurse-Training

Schools," and Miss Nutting, on "Some Problems of the Training School for Nursing." In the much-regretted, but unavoidable absence of Miss Nutting, this paper was presented to the Association by Miss Goodrich, of Bellevue, who, with Miss Maxwell, travelled all the way from New York on purpose, arriving at 10.30 a.m., and leaving at 5.00 p.m. the same day. It was a great disappointment to their friends in Toronto that a longer stay was not possible on this occasion, but we were very glad to have them, even for a day.

The first paper on training schools was given by Miss C. A. Aikens, "Relation of the Training School to Hospital Efficiency," a paper which laid the main points of the subject clearly before the audience.

The Editorial Board regret that they have not been able, partly on account of unusual pressure on our space, and partly because the Association naturally wish to publish papers first in their own journal, *The National Hospital Record*, to print any of these papers in our present issue, except Mr. Robertson's paper, by his kind permission. We hope to do so later on.

THE FAIR OF ALL NATIONS.

Nurses in Toronto and their friends have an important engagement at Massey Hall on November 12th, 13th and 14th. Everybody help. This Fair means a good deal to the nurses of Toronto, and it is confidently hoped by the management that the "Fair of All Nations," so attractive and interesting in its setting, arrangement and objects, will attract crowds and establish the club house which we all want so much. Further particulars may be had from Miss Barwick, 644 Spadina Avenue, or Miss Bowerman, 349 Sherbourne Street.

THE CANADIAN NURSES' ASSOCIATION OF MONTREAL.

We would call the attention of our readers to the excellent report of this, one of the largest and most progressive Nurses' Associations in Canada. The report, which should be carefully perused by all our readers, will be found in this number, and we heartily congratulate the officers and members of the Association on their splendid record for the year.

THE FERNIE NURSES.

One of the most interesting papers we have ever published is "The Fernie Fire," by Miss Kidd, Superintendent of the Fernie Hospital. The nurses there were true to their duty, and their noble and heroic conduct will not be lost on their sisters in the profession.

Official Department.

THE ALUMNÆ ASSOCIATION OF THE COLLINGWOOD GENERAL AND MARINE HOSPITAL TRAINING SCHOOL FOR NURSES.

Officers for 1908-9: Hon. President, Miss Morton; President, Miss G. Morrison; First Vice-President, Miss P. J. Cottrill; Second Vice-President, Miss Ella Baker; Secretary, Miss J. E. Carr; Assistant-Secretary, Miss E. M. Dawson; Treasurer, Miss M. M. Redmond.

Sick Visiting Committee: Miss Moore, Miss Robinson, Miss G. Morton, Miss Klinek.

The meetings are held on the last Thursday of the month at 3 p.m. in the Board Room of the Hospital.

TORONTO GENERAL HOSPITAL ALUMNÆ ASSOCIATION.

Officers, 1907-8: Hon. President, Miss Snively; President, Miss A. Muir, 505 Sherbourne St.; 1st Vice-President, Miss H. Fralick, 12 Selby St.; 2nd Vice-President, Miss M. Tweedie, 53 Langley Ave.; Treasurer, Miss Halbhaus, 12 Selby St.; Recording Secretary, Miss Mary Roberts, Grange Ave.; Corresponding Secretary, Miss Samson, 12 Selby St.; Directors: Miss Hall, Miss Burnett, Miss Crosby, 12 Selby St.

Conveners of Standing Committees: Sick Visiting, Miss Alice Stewart, General Hospital; Registration, Miss Lucy Bowerman, Sherbourne St.; Programme, Miss Ida Beam, Selby St.; Social, Miss Younger; Look-out, Miss Baldwin; Press and Publication, Miss M. E. Christie, 19 Classic Ave.; Representative of the Central Registry Board, Miss B. Crosby and Miss Purdy; THE CANADIAN NURSE Representative, Miss Frieze.

THE ALUMNÆ ASSOCIATION OF THE HOSPITAL FOR SICK CHILDREN TRAINING SCHOOL FOR NURSES, TORONTO.

Hon. President, Miss Brent; President, Miss Barnard, 608 Church Street; 1st Vice-President, Miss Clark, Victorian Order; 2nd Vice-President, Miss Adams, Hospital for Sick Children; Treasurer, Miss Wilson, 33 Brunswick Avenue; Secretary, Miss Robertson, 182 Walmer Road; Corresponding Secretary, Miss Goodall, 668 Euclid Avenue; Directors, Miss Halley, 24 Elgin Avenue; Miss Jamieson, 107 Macpherson Avenue; Miss Elrington, 8 Bloor Street East.

A LAYMAN'S VIEW ON HOSPITAL WORK.*

After a man has followed the printing and newspaper business up and down a rugged pathway of over fifty years, he becomes case-hardened. I hope that my heart is not altogether hard, that my conscience is still tender in spots; but my experience in a printing office has encased my feelings in a rhinoceros hide of indifference to the blunders that attend the preparation of printed matter. The typographical error has lost its power to wound.

Otherwise, I would be overcome by the sight of the magic letters "LL.D." attached to the name I owe to my good old Scottish father and mother. The programme honors me above my merits, and far beyond my desires, when it prolongs the front end of my post office address with the letters which signify scholastic rank. I am not a scholar—but a way-faring man, who has come thus far upon life's journey without acquiring titles of distinction, and who will go to the end of the road without having his name enriched with other adornments than those that it now wears.

I merely mention this error, so that those of you who have been lured here in the hope of listening to an "LL.D." might understand that I am not an LL.D., or any other kind of doctor, but simply a layman who does not wish to sail under false colors.

Laymen and Their Fads.

To make this paper of mine acceptable and interesting to you men and women, who, day in and day out, year after year, are devoting your lives to the care of those who, stricken with sickness, lie in the beds and cots of hospitals of this western sphere—has given me more thought than any paper I have ever tried to prepare for any association that I have ever been connected with.

Brevity of speech is one of the verbal virtues, and there is no reason why that self-same virtue should not be displayed in the preparation of a paper that proposes to give you "A Layman's View of Hospital Work."

This suggestion is pertinent, for I would not have you think that you are to be wearied with a long story, and yet I shall try to interest you.

It occurs to me that the handling of this subject could have been made much more attractive to you, if the pen had been in the hand of some other narrator, whose experience was more varied, and who in his knowledge of detail might stand a closer cross-examination than I can with my limited knowledge.

Thousands of laymen in business vocations all over the world have side lines of activity that afford them relaxation and pleasure.

*Read at the Annual Meeting of the American Hospital Association, Sept. 29—Oct. 2, 1908.

Some indulge in agriculture, and a model farm and a prize herd of Jerseys is the goal of their ambition.

Others write books, and our American friend, Carnegie, has produced most readable volumes.

Not a few delight to follow the drumbeat of the militia, while many are fond of art, bric-a-brac, china and old brass.

A host indulge in politics, and a select and happy few of that galaxy become statesmen.

An odd one here and there tries his luck in the pulpit, while an army are to be found in the battalions who do good work as class leaders in the churches that owe their origin to the inspiration of good old John Wesley.

Last, but not least, is the phalanx of laymen who shut not their purse strings, but try the luxury of doing good, who found, who build and who take part in the management of the great houses of God's mercy—the hospitals, large and small, for adults and for children, that are planted all over this continent.

Why Should Laymen Be Interested?

For the past thirty years I have been interested, more or less—more, generally—in hospital work, and I am bound to say that, other than the work of running a daily newspaper with its constitutional and chronic worries that are sometimes accentuated with visits from the process server with writs for libel, hospital work gets closer to my human side, and affords me more pleasure, even if the bank balance does shrink, than any other form of relaxation I have been able to select.

Some people may ask why should a layman be interested in hospital work. One need not go far afield for an answer. It's a humane work—a work of charity, a work that commends itself to what is best in human nature.

The Way to Gain Information.

During the past thirty years I have every year visited Great Britain and the continent of Europe, and nearly every State of the American Union. During these visits, interested as I am in hospital work in this city of my birth, I naturally felt interested in this work in other cities.

My visits were not inspired by curiosity. My idea was to gather knowledge, so that the particular class of work which I had at heart might be benefited.

When I tell you that these visits covered not only close inspection of the work, but heart to heart talks with the Superintendents, Lady Superintendents and Matrons of all the principal hospitals for adults in large cities of Europe, Great Britain and Ireland and the United States, and in every Hospital for Sick Children in the same area, I think you will admit that my mileage ought to have been given me—an experience in the line of information-getting that should have availed to advantage to the institution that I am connected with, and so it did.

I of course took it for granted that in all these great hospitals good work was being done in the surgical and medical departments by the skilled men who were in charge. Of surgery and medicine I know nothing, and this paper concerns only the business end of the work that is in your care and mine.

The Munificence of Laymen.

It struck me during my tours that in Great Britain, Ireland and the United States and Canada, the layman plays a most important part.

The largest and best hospitals in Great Britain owe their foundation and construction to the energy, enterprise and philanthropy of laymen—investments that total up millions and millions of pounds in sterling money, either left by bequest or paid during the lifetime for palatial edifices to shelter the sick and afflicted—all from the pockets of laymen.

Maintenance of Hospitals.

Hospitals may be dependent for support in part from Governments and from municipalities, or from voluntary contributions, but in the final analysis the layman pays the bill, and be it said, as a general rule he does it ungrudgingly.

Hospital construction and reconstruction is going on all over the British Empire, its colonies and in the United States of America. These buildings are constructed largely by the contributions of laymen.

Hospitals have to be maintained. It is a comparatively easy matter to build a hospital. The maintenance is a horse of another color. Appeals have to be made to the public. The Provincial Governments in Canada do their share, and pay a per head per day rate, and so do some of the corporations that govern cities, but the deficits—and deficits are inevitable—have to be made up by the layman.

There are various phases of the hospital problem that appeal directly to laymen, and it is a pleasure to see the faithful work of business men who, even if they are a bit short in the line of this world's goods, are long in the line of giving attention to hospital work.

Management of Hospitals.

The management of hospitals, and how to make such management effective, is a problem that has in a way yet to be solved.

Small Boards Best.

My information and my experience point in the direction of small Boards of Management. Given a first-class Superintendent, man or woman, to look after the work in the surgical and medical sides; a Lady Superintendent for the Training School for Nurses—if there be one—and a manager to cover the business end—all these under a small Board of four or five Trustees who are interested in the work, should suffice for the management of any hospital on this continent.

The Business Manager.

Some people think that the business end of a hospital's work should be managed by a business man who is not a medical man, and I share this opinion; but I am at the same time bound to admit that I have the pleasure of knowing quite a number of

medical men who manage both the medical and the business end in hospitals in the United States and Britain, and their work in management cannot be excelled.

At the same time one can point to any number of cases where hospitals have suffered materially from the combination.

Large Boards Unworkable.

Hospitals with large Boards of Management made up of representatives of municipalities and institutions either directly or indirectly affiliated in the hospital's work, do not seem to pursue the even tenor of the way that should be followed by organizations of that kind.

The composition of Boards of Management is open to criticism. Citizens are appointed who have little or no interest in hospital work. They put in an appearance during the primal stages of their careers on the Board, after which their interest wanes, and they are never in evidence unless some friend wants a position, and then they are sure to be on hand to cast their votes.

Where Prominent Citizens Figure.

The fact is that they obtain positions on the Board because they are prominent citizens, prominent, perhaps, because they have more figures at the balance of their bank account than ordinary people, or because of their political affiliations they like to see their names in cold type in hospital literature, so that they may be known to the public as prize medal philanthropists.

Some of them, as an American friend of mine has said, rarely see the inside of the hospital with which they are connected, save and except when some public function occurs, and at which they are of course always in evidence.

Trustees—and Trustees.

On the other hand, there are Trustees who are always on the job. Some have sense enough to act as Trustees should act, and if they have to criticize the work they do so to those who are in official charge.

Other Trustees, however, undertake to regulate everybody in the institution, from the General Superintendent down to the genial and hardworking domestic who struggles with the scrub brush on the floor of the outdoor department.

The latter variety of Trustee fortunately does not often get into the fore front, but when he does get in his deadly work he creates friction that leads occasionally to the resignation of the entire staff, and leaves the institution in such a chaotic state that recuperation and convalescence absorb months and sometimes years of time.

Cases on both sides of the Atlantic—a noted case in England some time ago—are proof of the truth of my statements.

Trustees Interfering in the Work.

There should be no interference by a lay Board with the work of the medical staff, and likewise there should be no interference by the medical staff with the business management of the hos-

pital. There is a proper way of adjusting difficulties, and so avoiding friction. Whatever is wrong can readily be righted when the entire facts are laid before the Board or Committee of Management. Cases can be cited in Great Britain and on this continent where this clashing of interests has led to disaster. Small Boards and competent subordinates in management have worked out best in hospital work.

There is no use for hospital managers being blown about by every wind of doctrine. Every special theorist must not be allowed to have his finger in the pie, exploiting his pet fads at the expense of the hospital.

Profit will result from our meeting here to-day in this respect, that each institution gets the benefit of the experience of every other, and so avoids pitfalls and unnecessary repetition of experiments.

Hospital Services.

The desirability of reducing the number of the medical and surgical services in hospitals prevails to-day to a greater extent than ever before. It promises to result in the concentration of responsibility and unity of effort.

Of course it is a difficult matter in some hospitals to reach that point, but the day may come when a single service in each department with a head and competent subordinates may be attained.

The German hospitals that I have visited follow closely on these lines, and so do some in Great Britain, and a few on our side of the Atlantic.

Distinguished professional men, such as Dr. Mayo, of Rochester, and Ochsner, of Chicago, advocate this principle, and it is their opinion as a result of their experience in examining the systems and workings of the principal hospitals of the world.

Boards of Management composed of laymen favor to-day, more than ever, the adoption of this principle to a greater or less extent.

The institution with which I am connected introduced this system in Canada, and it has been adopted with success in other hospitals of the Dominion.

The Public and the Hospital.

Years ago the handling of the public was a problem that puzzled hospital management. But tact and good judgment exercised by Superintendents and Managers have largely eliminated the difficulties presented in the olden time. The public to-day are less critical and more reasonable in their views of hospital treatment.

Scores who years ago would shy at entering the ward of a hospital as patients, to-day are only too clamorous for it. The dread of a hospital and the discredit attached to being a hospital inmate have entirely disappeared.

Physicians and the Public.

A small percentage of the public are under the impression that when they enter the pay ward of a hospital the fee for lodging and maintenance covers the charge for treatment. They apparently forget that the physicians and surgeons give their

services free to those who cannot afford to pay—so that those who can pay must pay. The hospital is not a pauperizing institution.

The Outdoor Work.

The outdoor department of a hospital is always more or less a source of trouble, in that care has to be exercised in regard to those who should receive free treatment. My experience is, after years of careful watching, that if proper means are adopted nearly all cases of imposition can be detected.

I have had each year for some years past a personal investigation made into probably a thousand cases of outdoor applicants, where the inspector has visited the homes and the families concerned, and he found that not more than five per cent. could afford to pay even a trifle, and that the percentage of imposition was infinitesimal.

Let me say that we safeguard ourselves with a signed certificate from a clergyman or well-known citizen before giving relief on the second application. I found while in England last month that there is a great movement to try and establish some intermediary department as between the hospitals and their outdoor departments, the idea being that the hospitals would only take those duly certified by the dispensary of the district.

Wards Private and Semi-Private.

A hospital for the sick poor should not have private or semi-private wards unless there is a distinct separation between the funds subscribed for philanthropic objects by the public and the more or less revenue-producing wards of the hospital. The want of money for maintenance naturally drives hospital managers to the installation of private and semi-private wards as expedients for raising funds to carry on the work.

I suppose that till the happy time arrives when hospitals will have ample balances on the credit side of their bank account, the installation of private and semi-private wards will continue.

The great hospitals of London, such as St. Bartholomew's, Guy's, St. Thomas, East London and University College, have no private wards. St. Thomas has, however, a private building for private cases entirely separate and distinct from its general work. Of course there are in London many nursing homes, as they are called, that supply the places of the private wards in hospital work.

Hospital Literature.

Annual reports of public institutions may be included in the lists of latest publications, but notwithstanding the interesting topics therein discussed, hospital literature, be it said with regret, is not sought after by those who look for popular reading at the counters of circulating libraries.

The day has not arrived—it may be on the way—perhaps it has a stop-over ticket—when popular literature will have as one of its competitors the hospital report.

It struck me ten years ago that the driest and most uninteresting reading was our annual report. The subject matter was all right, but it did not seem to be placed before the public in proper form.

BOVRIL

A Necessity to the Nurse

It is the long watching at bedsides—the insufficient and broken sleep, and the irregular meals that sap the vitality and strength of the nurse.

BOVRIL included in your diet will give you the necessary reserve of health and strength, and will enable you to meet the “calls” of your profession without exhaustion.

BOVRIL contains all the valuable feeding qualities of beef in an appetizing and easily digested form.

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Surgical Instruments.

PHONE ORDERS PROMPTLY ATTENDED TO

So I commenced to illustrate our reports. I got away from the stereotyped official expressions that such reports are generally loaded up with, and instead of the report reading like "the minutes of the previous meeting," I told all about our work in story form.

I sub-headed the reports according to subjects. I used a good calendered paper, and called to my aid the photographer and the engraver. I gave in half-tones the actual daily life in the wards. I exemplified our work in the orthopedic branch by ordering that every case of clubbed feet, in fact, every surgical case that could be photographed, should be so done.

I photographed every case the day it entered and the day it was discharged. I half-toned these photos, one of which showed the crippled boy when he was admitted to the hospital, and another when his deformity was corrected.

The publication of these photos of "Before and After" the operation were admirable exemplifications of our work—a first-class object lesson that brought coin to our coffers, for the public realized just the great amount of good we were doing. I followed this "Before and After" idea up in cases of bow legs and knock knees, and also in every case of hare-lip that had successful results.

The daily life in our wards—the nurses moving about from bed to bed—the children at their games—all had to answer the call of the camera. All material was made available for illustration, even the taking of a swab and its progress through the culture tube, the incubator, on the slide, with the stain and under the micro; a plaster jacket in all its stages; the search for the nickel in the gullet of some youngster who swallowed the coin instead of buying the candy; a needle from its point of entry, and its travels till located by the X-Ray—all these are brought to the public eye through our fifty-six-page report. We publish 12,000 of these, one for every donor; and we also issue a booklet of 24 pages with our larger report, condensed in paragraph form, and interspersed with small half-tones. Of these we send out 225,000 copies.

We advertise, and, what is more, pay for advertisements in the Toronto daily papers, and all this literature we send out just before Christmas is at a cost for postage of about \$2,500, and when we count our cash about the first of March we generally average about \$30,000 as the result of our appeal.

Our example has been followed to a limited extent by some of the Irish Hospitals for Sick Children. I'll send all of you a copy of our next annual report.

Where the Money Comes From.

During the past thirty years hundreds of thousands of dollars have been received from voluntary contributions by the Hospital for Sick Children.

A general impression prevails that the money for the support of the hospital comes from the pockets of the wealthy. Now, an intimate knowledge of the sources that sustain our work shows that we receive the dollars and dimes of the many rather than the donations of the few.

Of course there are noble and notable exceptions—one at

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Absolutely pure, with a most delicious flavor, made by a scientific blending of the best cocoa beans grown in different parts of the world.

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least in our history aided us with a gift of \$10,000, the largest the hospital ever received from one individual benefactor in his lifetime. The experience of one other Canadian city differs, and your experience in American cities may differ from ours.

Our experience is that the millionaire and his money are not soon parted, when the hospital has no other security to offer than that inventoried in the words of Holy Writ: "He that giveth to the poor lendeth to the Lord."

The Lady Superintendents.

In all hospitals where there are training schools for nurses, the management of these schools is, as you all know, in the charge of a lady superintendent.

It has often occurred to me that these women who hold such responsible positions do not get, in some cases, the cheerful consideration they should get from medical superintendents and boards of trustees.

In fact, I know of cases in parts of this continent where, to use a familiar expression, the lady superintendent has "a hard time." I have had the pleasure of meeting the lady superintendents of the continent in the annual meetings of their Association, and in very many of the hospitals in which they are engaged in their work of training and caring for the nurses of their schools. My opinion is that no class of women engaged in hospital work deserve more kindly treatment and encouragement than they do. The pathway of their work is not one strewn with roses and should be made as pleasant as possible by kind words and attention and consideration to the suggestions they have to make to better the condition of their pupils and to improve the routine of the daily labor that falls to their lot.

Nurses' Residence.

The housing of nurses is a feature that deserves far more attention than it gets to-day from hospital managers all over the world. My visits to hospitals during the past thirty years have shown me that in scores and scores of institutions on both sides of the Atlantic the care of the nurse is only a minor consideration.

True, in some of our large cities of this continent and of Great Britain, conditions have materially improved, and there are perhaps fifteen or twenty residences that are models in comfort and sanitary equipment.

These young women deserve the best consideration. They come to us in good health, and should leave us on graduation in undiminished health. I have seen residences, or rather accommodation for nurses, in some parts of the United States, yes, in Great Britain, the condition of which is a serious reflection upon Boards of Trustees and Managers.

A hospital is a place where health should be preserved as well as being restored. There should not be one principle for the wards and another for the nurses' residence. Most nurses don't get sufficient rest. Their labor is too continuous and severe.

Be it said that the hands of many Lady Superintendents of Training Schools are tied in their effort to get proper accommodation for the nurses. The appeal of the Superintendent for bet-

A Tempting Delicacy for the Invalid

THE NURSE'S FAVORITE DIET for her patients during convalescence, when the invalid must be tempted to eat wholesome and easily digested food, is

SHREDDED WHEAT

Nature's perfect health food, it nourishes better than any other cereal. It is simply the whole wheat berry shredded, and made palatable—with health and strength in every shred.

It aids digestion and keeps the bowels in proper working order. Your patients will relish Shredded Wheat Biscuit and Triscuit.



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32 Church Street

Factory:
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(789)

ter accommodation is made to the Trustees. The appeal gets to their board room table, and either gets into the file box or into the waste paper basket.

Resident Physicians.

The selection of resident physicians—I mean the fourth and fifth year youngsters who have to put in their full year at hospital work before they can have “M.D.” upon their door plate—is very important. It is a difficult matter to pick out of thirty or forty applicants just the four or five that will fill the position satisfactorily. It is comparatively easy to find their status during their school life, but because they are good men—yes, even honor men—it does not follow that they are suitable for resident positions in hospitals.

The feelings of not only Medical Superintendents but Lady Superintendents should be consulted. Table manners and general deportment may not be on the curriculum of medical colleges, but they are not a negligible quality in hospital life and administration. A careful scrutiny into personal habits and conduct should be exercised before the residents are introduced into hospital life.

When they are selected they should have proper accommodation, and made comfortable for their work. Their duties are onerous, and in food and lodging they should be under the best conditions. Every man should have a separate room—if possible, a bedroom, sitting room and bathroom. The want of space in older hospitals makes it difficult to effectively carry out the accommodation suggested.

The perfection of comfort for resident physicians is to be found in the Western Infirmary in Glasgow, where a small bedroom, with a small sitting room and bathroom attached, is provided for each resident.

It may be difficult to provide this accommodation in older hospitals, but in those now being constructed on this continent it would be a simple matter, and not so very expensive.

May I, in conclusion, express the hope that my good intentions and earnestness will not lead any of you ladies or gentlemen to assume that I regard myself as an oracle in hospital management.

It was the custom in my early days as a printer fifty years ago to ask the “devil” at the close of his first day of apprenticeship one question, and that question was: “Are you sorry you learned the printing business?”

It is just as impossible for a grown man to learn the hospital business in the years I have given to the work as it was for the boy to learn to master the secrets of “the art preservative” on the first day of his apprenticeship.

I have not learned the hospital business, but I am not sorry I tried to learn the mysteries of your work and mine.

We are all of us soldiers, not conscripts, but volunteers in the armies that keep step in the great march of mercy.

I am glad to be with you in this great council of war, where we meet as Americans and Britishers, each separated in allegiance to the ensign of our affection, but united in loyalty to the humanity which is above all nations. J. ROSS ROBERTSON.

The advertisement features a central circular frame. Inside the circle is an image of a tin of Antiphlogistine. The tin is labeled "LARGE SIZE", "REGISTERED UNDER THE FOOD AND DRUG ACT JUNE 30, 1908, SERIAL NO. 21", "KEEP THE LID ON", "Antiphlogistine", "TRADE MARK", "MADE BY THE DENVER CHEMICAL MFG. CO. NEW YORK CITY, U.S.A.", "CHICAGO, DENVER, SAN FRANCISCO, BOSTON, ALBANY, ST. LOUIS, PHILADELPHIA", "FOR SALE BY ALL DRUGGISTS", and "PRICE, \$1.25". Surrounding the tin, the words "INFLAMMATION'S ANTIDOTE" are written in an arc at the top, and "APPLY HOT AND THICK" is written in an arc at the bottom. Six radiating lines divide the space around the central circle into six segments, each containing a list of conditions treated by the product. Each segment is separated from the others by a small decorative floral ornament.

INFLAMMATION'S ANTIDOTE

APPLY HOT AND THICK

Antiphlogistine

Tonsilitis
Bronchitis

Abscesses
Boils

Ulcers
Erysipelas

Synovitis
Lymphangitis

Hospital and Training School Department

MISS FLAWS, Superintendent of the Butterworth Hospital, spent a brief holiday in Toronto, greatly to the pleasure of her many friends.

APPLICATIONS are being received by Dr. Edith Beatty for the position of Superintendent of Nurses at Grace Hospital. We understand that the Board of Governors will make an appointment at an early date.

MISS ALICE STEWART, who has resigned her appointment as Assistant Superintendent of Nurses at Toronto General Hospital, received several valuable presentations from the doctors and nurses on her departure. Miss Stewart will spend a short time at her home, and then take up post-graduate work.

MISS SAWYERS, the Lady Superintendent of the Toronto Orthopedic Hospital, was presented by the Ladies' Committee of the Hospital with a case of sterling silver spoons at a reception held recently in her honor. The presentation was made by the President of the Committee, Mrs. Carman. Miss Sawyers has resigned on account of her approaching marriage.

THE Central Registry Committee held its regular meeting on Monday evening, Oct. 5, at 644 Spadina Avenue, Toronto. Seven members present. The Registry members number 274. Four applications were laid before the meeting. Calls for July, 130; August, 158; September, 122. Amount in savings bank, \$504.50; current account, \$58.70; on hand, \$15.00. Eighteen members have resigned since the July meeting—some to take hospital positions, some to do post-graduate work, and two, Miss Switzer and Miss Plewman, to be missionaries in China. We wish all every success in their work.

THE Board of Trustees and the Ladies' Aid of the City Hospital, Stratford, recently tendered a reception to their new Lady Superintendent, Mrs. Anna M. Staebler. The reception was held from 3 to 4 p.m. on the beautiful and spacious lawn in front of the Nurses' Home. Refreshments were served by the ladies from a marquee, and music was rendered by an orchestra. Following the reception were the graduating exercises of the class of 1908. Dr. D. Smith gave an unusually good address to the class. Miss Wanless, who had been Assistant for about four years, and had resigned her position, was presented by the Board of Trustees with a purse of gold and by the Ladies' Aid with a pearl sunburst. Mr. Wm. Preston, Chairman of the Board, in addressing the guests, remarked that the Trustees were fortunate in securing the services of Mrs. Staebler, who has had experience in the executive work of

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The Children's Memorial Hospital, Fullerton Avenue and Orchard Street, Chicago, Ill., offers a three years' course for Nurses. The course includes, after two months probation, four months academic work, a year in Children's Hospital, a Year in Presbyterian Hospital adult nursing, two months visiting nurses' work, and four months as head nurses.

For detailed information write to the Principal of Training School.

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Philadelphia and Pittsburg hospitals and stands high in her profession. He said he believed that the citizens would stand loyally behind her and give her every assistance in their power.

A MEETING of ladies interested in the "Fair of All Nations" was held at 349 Sherbourne Street on October 13th, at 3 p.m. Mr. P. W. Rogers, the business manager, was present to help arrange the location of the booths and other details connected with the Fair, which is to be held in Massey Hall, November 12th, 13th and 14th. A military band concert and "march past" of the nations will be held each evening. It is hoped to make the Fair most interesting as well as profitable. The nurses of Toronto will be very glad indeed to receive contributions of any kind from their friends. These may be sent to Miss Barwick, 644 Spadina Avenue, or Miss Bowerman, 349 Sherbourne Street.

A DAINTY silk bag and an invitation to a "Birthday Tea" last month, at the Lakeside Hospital, in Cleveland, and this verse—

This party is given with a string to it tied,
The bags, too, are given, but it isn't denied
That we hope you'll return them well filled up inside,
For the treasury is low and it is thought best
In this way to put the first egg in the Endowment Fund nest.
One penny for each year you are old
Would seem but just, as I am told;
But if that age you tell no more,
Into the treasury you may pour
All the contents of your purse,
With many thanks from every nurse.

—are the clever invention of the Alumnae there. We hope they were very successful.

THE thirteenth annual meeting of the Canadian Nurses' Association was held on Tuesday afternoon in the Medico-Chirurgical Society's rooms, which have been kindly loaned again this year for the winter's lectures, and for which the Association owe a debt of gratitude to the doctors. The hall was well filled with representatives from all the city hospitals and others. The Rev. Dr. Fleck opened the meeting with prayer, and afterwards expressed his pleasure in being present and meeting with those in so Christ-like a work. He also gave some good advice in a few well-chosen words. The President, Miss Baikie, was in the chair. Reports were read from the Recording Secretary, Registrar, and Treasurer, also Treasurer of the Sick Benefit Fund, all showing the C. N. A. in a good condition and a fair balance in the bank. The Sick Benefit Fund is not as flourishing as we would wish, but we hope this year many may take advantage of this opportunity, and we would urge upon each member of the Association to join this fund. If some are fortunate

KEPHYR

"Soured milk, because of the lactic acid in it, can impede the putrefaction of meat."—Metchnikoff.

"As lactic fermentation serves so well to arrest putrefaction in general, why should it not be used for the same purpose within the digestive tube?"—Metchnikoff.

"The action of Kephyr in preventing intestinal putrefaction depends on the lactic acid bacilli which it contains."—Metchnikoff.

"Metchnikoff believes that the inherited structure of the human large intestine and the customary diet of civilized man are specially favorable to the multiplication of a large number of microbes that cause putrefaction. The avoidance of alcohol and the rigid exclusion from diet of foods that favor putrefaction, such as rich meats, and of raw or badly cooked substances containing microbes, do much to remedy the evils. But the special introduction of the microbes which cause lactic fermentation has the effect of inhibiting putrefaction. By such measures Metchnikoff believes that life will be greatly prolonged and that the chief evils of senility will be avoided."—P. Chalmers Mitchell.

Kephyr is sterilized cow's milk that has undergone special fermentation through the introduction of a mushroom, called Kephyr-seed, or *Dispora Caucasica*, and a yeast, *Saccharomyces Cerevisiae*. One of these ferments affects the lactose, and produces lactic and carbonic acids and a small amount of alcohol; the other acts on the albuminoid substances, on the casein in particular, which latter undergoes partial precipitation and digestion, producing both peptones and propeptones.

Physicians are prescribing Kephyr with great benefit in cases of Anemia, Chlorosis, Tuberculosis, Kidney and Liver diseases, and affections of the Stomach and Intestines. Professor Hoppe, M.D., of Basel, Switzerland, says: "Kephyr is Milk and Wine at the same time." It is specially beneficial in building up the strength after acute illness, such as Typhoid Fever, Inflammation of the Lungs, and all infectious diseases, and after grave operations.

Kephyr is similar to Buttermilk in taste and appearance; it is, however, very different, being prepared along scientific lines, and is more nutritious, as it contains all the butter fat of Whole Milk.

Kephyr can be used quite freely and at any time.

The following comments from Toronto Physicians are used by permission.

"I have had the opportunity of ordering for several patients Pumer's Swiss Kephyr, and they have found it uniformly satisfactory for the purpose for which it was prescribed."—Dr. W. H. B. Atkins.

"Regarding Mrs. Pumer's Kephyr, I am acquainted with the article, and consider it the best that I have been able to obtain."—Dr. W. P. Caven.

"I have used Mrs. Pumer's Kephyr in my practice with very good results. It is of fine quality, and the best thing of its kind I have seen."—Dr. A. H. Garratt.

"I have no hesitancy in stating that Kephyr is a valuable preparation. In evidence, I have recommended it twice to-day, once to a Physician."—Dr. John B. Hall.

"It is certainly a most excellent food (Kephyr) and it differs very largely from Koumils, being a different ferment. I know Mrs. Pumer, and she is thoroughly reliable in this regard."—Dr. Edmund E. King.

"Mrs. Pumer makes an excellent preparation of Kephyr. I am able to say so, having made trial of it in my own family, and those patients to whom I recommended it were highly pleased with the article."—Dr. W. J. Wagner.

We are preparing Kephyr daily at our Dairy, under the direction of Mrs. F. Pumer, of Zurich, Switzerland.

Price per Pint Bottle, 15c, or 3 Milk Tickets.

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enough not to need its support, there may be others to whom it may prove a great blessing, so by joining this branch of the Association we can practically help one another. During the past year six lectures were given by some of the leading doctors of the city, and were greatly appreciated by all who attended. We are grieved to report the death of one of our members, Miss M. O'Reilly, who joined the C. N. A. shortly after its inception, and who was a devoted nurse and will be sadly missed in her sphere of work. The membership of the C. N. A. is 228 and rapidly increasing, as it is receiving candidates each month. The officers for the ensuing year are as follows: President, Miss Baikie; 1st Vice-President, Miss Colquhoun; 2nd Vice-President, Miss Hill; Recording Secretary, Miss Phillips; Corresponding Secretary, Miss G. Colley; Treasurer, Miss Cooper; S. B. F. Treasurer, Miss E. Cooper; Directors, Miss Dunlop, Miss Ward, Miss M. Welch, Miss Mackay, Miss Saunders, Miss Moffat, Miss M. Fortescue, Miss Desbrisay, Miss Bullock, Miss MacBride, Miss McBeath, Mrs. Petrie.

WE have great pleasure in announcing that the Trustees of the Sick Children's Hospital, Toronto, have appointed a graduate nurse to care for the outdoor patients. The nurse will visit the homes of the patients and help them to carry out the doctor's orders.

Personal.

MRS. MARGARET REYNOLDS, H.C.H., has returned from a three months' visit to England.

MISS HURLBURT has been appointed Superintendent of Nurses at the Gravenhurst Sanitarium, Ontario.

MISS M. M. REDMOND has accepted the position of Assistant Superintendent of the Stratford General Hospital.

MISS MACKAY, R.V.H., is a guest of her sister, Mrs. McQueen, Vancouver, B.C., and intends to stay for some time in that city.

MISS LIDDY and Miss Laidlaw, who have been spending the summer in Killarney, Manitoba, are expected in Hamilton by Oct. 1st.

MISS BARBARA McLENNAN, V.G.H., has accepted the post of Charge-Nurse of the O. R. in the Royal Columbian Hospital, New Westminster, B.C.

MISS ISABEL STEWART (W.G.H.) is taking the hospital economics course at Columbia University, New York. We wish more of us could follow her example.

MRS. A. M. STAEBLER, Lady Superintendent of the City Hospital, Stratford, attended the meeting of the American Hospital Association, held recently in Toronto.



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Try Mennen's Violet (Borated) Talcum Toilet Powder—It has the scent of fresh-cut Parma Violets. Samples free.

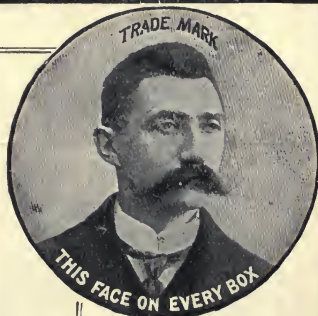
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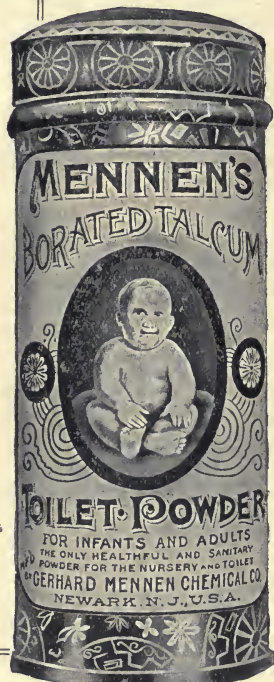
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Miss Margaret McCreight, D. G. H., '08, has gone East for an extended holiday.

MRS. ARTHUR NEWSON has gone to Winnipeg. She will return about Christmas.

MRS. HOUSE, Lady Superintendent of the H. C. H., is spending her vacation in Ithaca, N.Y.

MISS FLORENCE BUCKLES has been appointed head nurse at the Ottawa Isolation Hospital.

MISS MINA RODGERS has been appointed Superintendent of the General Hospital, Niagara Falls, Ontario.

MISS ALMA ROBB WILSON, graduate of H.C.H., who is doing private nursing in New York, spent her vacation in Brampton and Hamilton.

MISS M. LEWELLA HANNAH, graduate of the Hamilton City Hospital, is taking a post-graduate course at Fordham Hospital, New York.

MISS BRERETON has resigned her position as Superintendent of the Dauphin General Hospital, and will return to Ontario. Miss Gendron, of St. Boniface Hospital, Winnipeg, will be her successor.

MISS GUNNE, D. G. H., '07, took charge of the General Hospital at Dauphin during Miss Brereton's recent absence at her father's deathbed.

MISS M. LYNNOTT, of North Bay, and Miss M. McMillan, New York, graduates of Ottawa General Hospital, spent their holidays in Ottawa, guests of a classmate, Miss Isabel McElroy.

MISS MACFARLANE, Lady Superintendent V.G.H., and Miss Burgess, nurse in charge Maternity Ward, V.G.H., are attending the convention of the Canadian Society of Superintendents of Training Schools for Nurses in Ottawa, and will there represent the Vancouver Graduate Nurses' Association in the formation of an International Council of Nurses.

MISS SOPHIA DOHERTY, R. V. H., Barrie, has completed a post-graduate course at Harlem, Bellevue and allied hospitals, New York, passed successfully her examination and received her certificate.

MISS L. L. ROGERS (S. C. H.), who is a pioneer and a bright, and shining example among school nurses, resigned her position in New York under the Board of Health on October 1st. Miss Rogers organized the work of school nurses in New York six years ago, and perhaps no one in the world knows quite as much about the school nurse and her work as Miss Rogers. The reason of her resignation reflects credit upon her and discredit upon some others who shall be nameless. Miss Rogers has had several good appointments offered to her already. We have a great hope that she may come to Toronto, but, wherever she goes, our best wishes will go with her.

Minor Medicine

By W. E. WYNTER, M.D.

Physician to Middlesex Hospital,
London, Eng.

This new book on the treatment and prevention of the many minor disorders which come under the nurse's notice will be received with much satisfaction. Besides all the minor ailments, such as Heart-burn, Sprains, Cracked Lips, Bilious Attacks, etc., etc., there is a section on general health and diet.

"As a book of reference in the nurse's library it will fill a place of its own that no other book, so far as we know, can fill anything like as well."—*The Canadian Nurse*.

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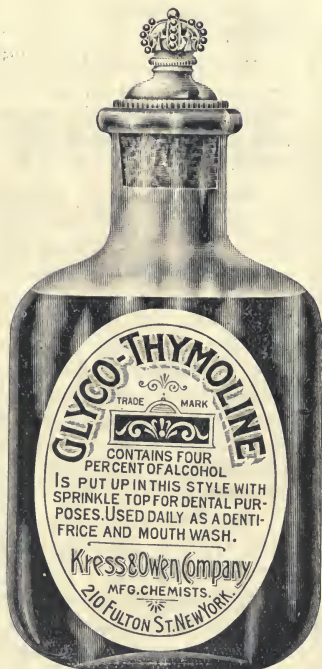
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Mention this Magazine

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MISS MAY HEPWELL had a very pleasant vacation in August at Atlantic City.

MISS MARGARET MOAG, class of K. G. H. '02, has resigned her position as Night Superintendent of the Butterworth Hospital, Grand Rapids, Mich., to accept the position of Assistant Superintendent of the Guelph General Hospital, and has commenced her duties.

MRS. G. E. BURNS, R. V. H., Montreal, has taken possession of the residence, 609 Jarvis Street, where she will be at home to all her friends.

THE Alumnae Association of the Guelph General Hospital held their annual meeting September 4th, when the following officers were elected: Honorary President, Miss Smith (G. G. H. Superintendent); President, Mrs. A. Anderson; Vice-President, Mrs. Douglas; Corresponding Secretary, Miss J. E. Anderson; Secretary-Treasurer, Miss M. Walker. The Alumnae also held a picnic, September 9th. The day was beautiful, with a good turnout of members, Mrs. Douglas, who had just returned from a two months' trip abroad, giving many interesting accounts of her holiday to listeners, most of whom hoped to have a similar experience some day.

MISS BORTHWICK, Superintendent of the Macon General Hospital, Georgia, spent a few days in town, visiting old friends and her Alma Mater.

MISS ISABELLA PATON, graduate of 1907, was married early in the month, at her home in Merriton, to Mr. A. T. Crutcher, who has been appointed missionary accountant to Chentu, West China, for which place he and his bride will sail after a short honeymoon spent among the Muskoka lakes.

WE are indebted to the *W. G. H. Journal* for the following interesting news:

MISS FLORENCE MCBRIDE is Superintendent of the Hospital at Trail, B.C.

MISS FROST is spending three months in the East, at Owen Sound, Toronto and Muskoka.

MISS ANNIE ARMSTRONG ('07) has taken charge of Dr. Gray's hospital on Hargrave Street, Winnipeg.

MISSSES E. M. TURNER and Ethel Reid have completed their training in the hospital and are remaining on the staff. Miss Turner has charge of the surgical wards and Miss Reid the children's ward.

MISS MARIA HERMAN has accepted a position on the staff of the Lethbridge Hospital.

MISS PETRON has gone to Vancouver to visit her sister, and will probably take up private nursing in that place.

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MONTREAL

MISS WILSON is enjoying a much-needed holiday at the coast.

MISS COLTART ('08) has taken charge of the Isolation Hospital.

MISS FALLIS and Miss Reid ('07) have returned to Winnipeg to take up private work there.

MISS MARY LAYTON ('08) leaves shortly for her home in Nova Scotia, where she expects to take up her work in future.

MISS MARY BELL, of the Michel Hospital, spent part of her holidays renewing old acquaintances in Winnipeg.

MISS PATTEN left for her home in England on six months' leave of absence. All wish her a speedy restoration to health.

MISS MINNIE MACMILLAN has been appointed Lady Superintendent of Macleod Hospital.

MISS LOWE has gone to New York and will take a post-graduate course at the General Memorial Hospital.

MISS M. E. NICHOLSON is returning to Winnipeg shortly, after an enjoyable visit to her home in the East.

MISS VENABLES, Lady Superintendent of Carman Hospital, is visiting in Winnipeg.

MISS CORNETT has arrived in Winnipeg. She has resigned her position at Fernie.

MISS MARY BELL has returned to Michel after a pleasant holiday, part of which she spent in Winnipeg.

MISS MCBRIDE and her patients at the Michel Hospital went through some stirring experiences during the fire which threatened the town. The hospital, however, was not destroyed, though its occupants had to take refuge in Frank.

MISS REBECCA EVANS, who has for the last thirteen years been the secretary and office nurse of Dr. W. T. Bull, of New York, the eminent surgeon, died on October 14th, at her home in London, Ont. Miss Evans, who was well known to many Canadian nurses and highly esteemed, was devoted to her professional duties and to the care of Dr. Bull, who is now dying of cancer. She remained at her post almost too long, until warned by her physician of a complete breakdown. She was a graduate of S. Luke's Hospital in New York and was the daughter of Mr. John Evans, 487 King Street, London. Her family and friends have the sympathy of all in their sad loss.

MISS BERTHA J. WILLOUGHBY, Seeley's Bay, Ont., a graduate of the Kingston General Hospital, Kingston, Ont., who has recently been appointed as head nurse of the same hospital, has gone to Philadelphia to take the Swedish system of massage and medical gymnastics, electricity and hydrotherapy, at the Pennsylvania Orthopædic Institute and School of Mechano-Therapy.

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TORONTO CANADA

MISS AGNES BUSHFIELD, R.N., G.G.H., has been appointed Lady Superintendent of the Parry Sound Hospital.

MISS MACFARLANE and Miss Burgess, of the Vancouver General Hospital, passed through Toronto recently on their way home. Miss Macfarlane was looking well, and the delight of her old friends on seeing her again was very great.

As we go to press, the appointment of Miss Alice J. Scott as Superintendent of Nurses in Grace Hospital is announced. Miss Scott and the Hospital are both to be congratulated.

BIRTHS.

WHITE.—At Sussex, N.B., September 15th, the wife of Chas. T. White (nee Miss Trites, graduate of L.S.I., Ottawa), twins—girl and boy.

To Dr. and Mrs. Claude Freeman, Chung King, China, on August 4th, a son (Thomas Edmund). Mrs. Freeman was Miss Florence Mortson, of H. C. H., class '05.

MARRIAGES.

IN New York, September 2nd, 1908, Louise Robinson, graduate of the General Protestant Hospital, Ottawa, class 1905, to Mr. Harry Swan, of Ottawa.

AT Winnipeg, August 10th, Gertrude Moore, of Toronto, Ont., to Mr. Chris Benidickson, of Dauphin, Manitoba. Miss Moore is a graduate of T. G. H., class '04, and for the past year has had charge of the isolation department of the Winnipeg General Hospital. Mr. and Mrs. Benidickson will reside at Dauphin.

IN Woodstock, on September 5th, 1908, at the residence of Mrs. Arthur Knight, the bride's sister, by the Rev. Mr. Cobbledick, Josie D. Mayne (graduate H. C. H., '06) to Wm. H. Childs, of Hamilton. Mr. and Mrs. Childs will live in Hamilton.

EWBANK—HARRISON.—At Maple Grove Farm, Hagersville, Ont., September 16th, at 2.30 p.m., Alice Maude Harrison, graduate S. G. H., class 1907, to William Ewbank.

HARRIS—CAULFIELD.—On September 24th, 1908, at the home of the bride, by the Rev. R. J. M. Glassford, Miss Anne Caulfield to Mr. Edwin Harris, of St. Catharines, formerly of Rockwood, Ont. Miss Caulfield is a graduate of the Guelph General Hospital, class 1906.

DEATHS.

It was with deep regret the Alumnae Association of the Guelph General Hospital learned of the death of their much-loved member, Miss Isabel Macintosh, which occurred at her mother's home, North Bruce, Ont., September 15th, 1908, of blood poisoning. Her death, which was entirely unexpected, left many to grieve for a kind and faithful nurse, a loving daughter and sister, a cheerful and conscientious friend.

Resolved, Whereas it has pleased God to remove from amongst us one of our most worthy and esteemed sister nurses, and

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that we as an Association feel that in the death of Miss Macintosh we have lost a loved friend and the profession a most conscientious and able worker, that we, the members of the Association, extend our heartfelt sympathy to the bereaved family.

Resolved, That a copy of these resolutions be sent to THE CANADIAN NURSE and that they be entered on the minutes of the Association as a mark of our love and respect.

Miss Macintosh was enjoying a vacation, after a very successful winter's work in New York City, and looked forward to returning to her work when cut off so suddenly. Her bereaved relatives have the heartfelt sympathy of all who knew her. The many tokens of esteem from former patients and floral tributes testified to her general popularity. The members of the Editorial Board of THE CANADIAN NURSE join with the Alumnae Association in the expression of deep sympathy and regret.

The Nurse's Library.

The Fourth Annual Report of the Michigan State Nurses' Association, which we have just received, is tasteful in appearance and most interesting in contents. It reflects great credit on the Association and on its Secretary, Miss Flaws, of Grand Rapids, Mich.

The last number of *Una*, the journal of the Royal Victorian Trained Nurses' Association, is a most interesting one. It contains an excellent account of the annual meeting of the Association.

Desbarats' Newspaper Directory for 1908-9 has just appeared, and is a handsome and convenient volume, showing a distinct advance, not only in the Directory, but in the business which it represents. 42 Victoria Square, Montreal.

Osler's Modern Medicine, Vol. III., concludes the infectious diseases, and is written by twenty-one authors, including Col. David Bruce, who writes the article on Malta fever; Dr. Macallum and others, who write 300 pages on tuberculosis; Dr. Osler himself, Dr. Dunbar, and others. This volume maintains the high standard of excellence already reached by the earlier volumes.

A Short Practice of Midwifery for Nurses. By HENRY JELLETT, B.A., M.D., F.R.C.P.I. Philadelphia: P. Blakiston's Sons & Co. \$2.60.

The third edition of this very valuable book has been brought thoroughly up to date. There is no book on obstetrics for nurses better than this one. It will well repay perusal and study.

The Quality of Mercy. MRS. CHARLES P. IVES. Manchester: John Heywood. 4s. 6d.

Once more is the nurse the heroine of a novel. As usual (in novels), she marries a doctor. This time it is a consultant, Sir John McKenna. Marjorie Carruthers, the heroine, is a pleasant and attractive character, and the book will be interesting to nurses,

New Books for Nurses

A History of Nursing

The evolution of the methods of care for the sick from the earliest times to the foundation of the first English and American Training Schools for Nurses. By LAVINIA L. DOCK, R.N., Secretary of the American Federation of Nurses and of the International Council of Nurses, etc., and M. ADELAIDE NUTTING, R.N., Superintendent of Nurses The Johns Hopkins Hospital, Principal of Johns Hopkins Training School for Nurses, etc. Two vols. Price, \$6.00.

The Matron

Her duties and responsibilities, including principles of economy in institutions. Price, \$1.00.

Practical Fever Nursing

By EDWARD C. REGISTER, M.D., Professor of the Practice of Medicine in the North Carolina Medical College, Chief Physician to St. Peter's Hospital, Editor of the Charlotte Medical Journal. Price, \$2.50.

The Role of Modern Dietetics in the Causation of Disease

By J. SIM WALLACE, M.D., D.Sc., L.D.S., Hon. Dental Surgeon West End Hospital for Nervous Diseases and Assistant Dental Surgeon National Dental Hospital, W. Price, \$1.00.

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who will see both contrasts to and likenesses of their own hospital experience in it.

ALL readers of this magazine who have not received a copy of "Women in Banking," written by Mrs. E. B. B. Reesor, and published in the *New York Bankers' Magazine*, will be given one upon application to the Northern Crown Bank of Canada, 34 King Street West, Toronto. The article is illustrated with pictures of the special rooms set apart for women, and, as the privileges of using them and making this down-town Rest Room a meeting place for out-of-town friends or for consultations with their physicians has always been extended to members of the nursing profession, it will be of interest to you to see what these apartments are like.

Publishers' Department.

EXPLAIN THE WAY AS WELL AS THE WHEREFORE.—No doubt many of our failures are due to our neglect to impress the patient with the importance of the matter, or to explain clearly enough the method of procedure. For instance, when we order the patient to take vaginal douches, if we do not at the same time order a proper syringe and explain its use, the chances are that the result will be failure to get any good effect—if not, indeed, to excite disgust for the whole matter. A vaginal douche may be a great comfort to the patient as well as a valuable curative measure—as it may also be a dismal failure or worse. When we say order a *proper* syringe we mean, of course, the Marvel, for there is no other syringe nearly so well adapted to this purpose. The Societe d'Hygiene de France in 1902 awarded it the gold medal as the best syringe to cleanse the vagina.



Owing to the peculiar construction, it dilates and flushes the vaginal passage with a volume of whirling fluid which smooths out the folds and permits the injection to act on the entire surface.—*Exchange*.

ANAEMIA, IRON AND OIL.—The abundance of fat found in healthy bone marrow and the scarcity of fat in the bone marrow of anæmic patients suggests a reason why Cod Liver Oil is so often efficient as a remedy for anæmia. Iron certainly acts as a tonic and is an important constituent of haemoglobin, but it can scarcely contribute anything towards the organic substance of the red corpuscle. How the bone marrow changes fat into red corpuscles is one of nature's mysteries, but the microscope shows the narrow cells in all stages of transition into new red corpuscles and abundantly surrounded by fat cells. Cod Liver Oil seems to be a natural food



CERTAIN as it is that a single acting cause can bring about any one of the several anomalies of menstruation, just so certain is it that a single remedial agent—if properly administered—can effect the relief of any one of those anomalies.

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for bone marrow. Scott's Emulsion, a reliable preparation of Cod Liver Oil, is often of great use in relieving anæmic conditions, especially in the chlorosis of young women. That anæmic blood should regain its color without the administration of iron only reminds us of the fact that ordinary food contains all the iron the system needs, and probably the only form of iron the system ever really absorbs.

THE THERAPEUTIC USES OF HAMAMELIS VIRGINICA.—It is a fact of no little significance that Pond's Extract of Hamamelis Virginica has been known and employed by the medical profession for over sixty years. Any remedy that can thus endure the severe tests of time and practical experience must have a fundamental worth of more than ordinary degree. To be sure, not all physicians have held the therapeutic usefulness of Hamamelis in the same esteem, and some have undoubtedly under-estimated, or completely disregarded, its real value. But certain recent studies and researches, both clinical and chemical, have emphasized, in a very positive way, the fact that Hamamelis has a well-defined pharmacology, and reinforced—if such a thing were necessary—the therapeutic claims that have been made for it. The recent chemical investigations of Seoville are worthy of special note. He reports that he has examined the fatty substance which, after distillation of witch hazel twigs, rises to the surface of the distillate, and that the oil evidently consists of a terpene, with a small portion of an alcohol (about 7 per cent.), and a still smaller amount of an ester, which justifies the conclusion that the soluble substance is a terpene-like body analogous or closely similar to the derivatives or constituents of the essential oils. It is no small thing, moreover, which medical men have come to appreciate—that complete reliance can be placed on the absolute freedom of Pond's Extract from all toxic or injurious substances like wood alcohol or formaldehyde.

GRADUATION REPORT.—At the end of the summer term, 1908, seventeen students received their diplomas at the Pennsylvania Orthopædic Institute and School of Mechano-Therapy (Inc.), 1711 Green Street, Philadelphia, in the following branches: In the Swedish System of Massage, Medical Gymnastics, Electro and Hydro-Therapy—Julia Crosby Wight, of New Hamburg, N.Y. (graduate Bellevue Hospital, New York; Head Nurse of Emergency Hospital, Bellevue; Asst. Supt. Englewood Hospital, Englewood, N.J.; Resident Nurse at Wellesley College Hospital, Wellesley, Mass.); Delphina E. Capling, Cannington, Ontario, Canada (graduate St. Luke's Hospital, Newburgh, N.Y.; Resident Nurse at Wellesley College Hospital, Wellesley, Mass.); Annie Rebecca Wallace Moore, Collingwood, Ontario, Canada (graduate Collingwood General and Marine Hospital, member Graduate Nurses' Association of Ontario); Myrtle Edith Sherbon, Colfax, Iowa (Victoria Sanitarium, Colfax, Iowa); Harriet Cleek, Lexington, Kentucky (graduate Good Samaritan Hospital, Lexington, Kentucky; post-

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The Practical Nursing of Infants and Children, by F. C. Madden, M.D., F.R.C.S., \$1.00.

First Lines in Midwifery: A guide to attendance on natural labor for medical students and midwives. New and revised edition, by G. E. Herman, M.D., F.R.C.P., F.R.C.S., \$2.25.

The Care and Management of Delicate Children, by Dr. Percy Lewis, \$1.00.

A Handbook for Midwives and Maternity Nurses by Comyns Berkeley, \$1.50.

Ambulance Work and Nursing, M.B., M.R.C.P., \$1.80.

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graduate Free Hospital for Women, Brookline, Mass.; Head Nurse of Infirmary of Eastern Kentucky Asylum for the Insane; Head Nurse of Dr. Cowan's Private Hospital, Danville, Kentucky; member State Association of Graduate Nurses of Kentucky); Edna M. Zimmerman, Allentown, Pa.; Wavie H. Stiles, Sioux City, Iowa (Samaritan Hospital, Sioux City, Iowa; member of Sioux City Graduate Nurses' Association and Iowa State Association of Registered Nurses); Florence Victoria Schell, Wallum Lake, R.I. (Westboro Insane Hospital, Westboro, Mass.; Rhode Island State Sanatorium, Wallum Lake, R.I.); Jane A. Harding, Newark, N.J.; Besse Pelton, Mt. Vernon, Ohio; Edward McDonald, Bridgeport, Conn. In the Swedish System of Massage, Medical Gymnastics and Electro-Therapy—Ritie B. Spohr, Hoboken, N.J. In the Swedish System of Massage and Medical Gymnastics—Frances M. Reyner, Ansley, Nebraska (Dr. Bailey Sanatorium, Lincoln, Nebraska; member Nebraska State Association of Graduate Nurses); Katherine Fischer, Philadelphia; Stella Marie Waterhouse, Maitland, Florida (St. Barnabas Hospital, Newark, N.J.; Harris Sanatorium, Orlando, Florida; member of New Jersey State Association of Graduate Nurses); Mary Ann Nolan, Providence, R.I. (Providence Lying In Hospital, Providence, R.I.). In Hydro-Therapy—Lidie E. Keffer, Philadelphia.

Do not fail to write to-day for Eaton's Christmas Catalogue. Mention THE CANADIAN NURSE. The T. Eaton Co., Toronto and Winnipeg.

TYPHOID FEVER.—“In typhoid fever I have always noticed that when Platt's Chlorides was used the air was a great deal fresher and it was easier to keep the tongue and lips moist. Undoubtedly the dryness of mouth besides indicating the state of bowels is greatly caused by impurities in the air.”—E. Sylvain, M.D., attending physician to Hospital of the Sacred Heart, Manchester, N.H.

Frank Parsons Norbury, M.D., Editor of the *Medical Fortnightly*, in a very practical treatise on “Typhoid in Children,” calls attention to the special need of careful nursing and thorough disinfection, as follows: “We must remember that it is the nursing which is the essential active treatment of the disease, and especially so with children. The hygienic regulations of a typical case are to be vigilantly observed. The stools must be disinfected by a suitable disinfectant, Platt's Chlorides being a very serviceable and reliable preparation. When the bed-pan is used it should be scalded after use; all napkins, towels, etc., used on the patient should be soaked in disinfectant solution and boiling water. The bed linen and clothing of the patient should pass through a similar process.”

We also quote Dr. R. D. Blackwood, of Philadelphia, who in a recent issue of the *New England Medical Monthly*, under the heading of “Some Ideas About Typhoid,” states: “The vessels for all dejections should be well cleansed. After thorough cleansing I invariably pour into the bed-pan or commode two ounces of undiluted Platt's Chlorides. This sterilizes the evacuations at once and completely.”

The Canadian Nurse

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VOL. IV.

TORONTO, DECEMBER, 1903.

No. 12.

THE CONGRESS ON TUBERCULOSIS IN WASHINGTON.

The Sixth International Congress on Tuberculosis, held in Washington from September 21st to October 1st, was a never-to-be-forgotten event to those who attended. Outside the doings of the Congress itself, the delightful weather, the beautiful city in its dress of early autumn, and the boundless hospitality of its people, would have made the trip all that could be desired, but with the Congress it left a sense of pleasure and inspiration almost inexpressible.

A visitor from Toronto who travelled by the Lehigh Valley route journeyed over one of the most beautiful scenic roads in the world. The smoke which lay heavily over this continent last September obscured the view to a certain extent, but even then it was wonderful, and still more wonderful when our train climbed onward and upward till we reached a height where we saw the first blue sky in weeks, and underneath a dream city showing faintly through the haze.

After a long, but altogether delightful, day's journey, the traveller was landed at what appeared to her somewhat bewildered and sleepy senses to be the Capitol, or, if not that, the White House, so magnificent in its snowy proportions is the Union Station, the finest station in the world they say. And there Washington's never-failing hospitality began, for a deputation of its citizens took charge of the stranger in the kindest manner, and so completely that the most timid and untravelled and ignorant found no difficulty in securing proper hotel accommodation. The arrangement for the reception and disposal of the visitors were perfect, and no praise can be too high nor gratitude too great for those responsible for them.

The Congress and the exhibition in connection were held in the new National Museum, at the foot of 10th Street, an immense building, not quite finished, so all the better adapted for the purpose. Wooden partitions had been erected, dividing off the various exhibits and the different sections; then there was a large assembly hall, a stereopticon room, registration and administration quarters, a ladies' committee room, and many other departments.

The nurses' meeting was held in Section V., the section devoted

to the discussion of the hygienic, social, industrial and economic aspects of tuberculosis. Perhaps no other session had as enthusiastic an attendance; certainly none could have had one more so. With remarkable unanimity the audience began to gather about half-past eight, though nine-thirty was the hour set for the reading of the first paper. Miss Lilian Wald, head worker in the Henry Street Settlement, New York, presided, assisted by Miss Dock, and it is a matter of doubt whether any meeting of the Congress was in better hands. The different papers read during the session were grouped under the following heads:

1. The Work of Nurses in Public Departments.
2. Special Lines of Work for Tuberculosis Nurses.
3. The Training of Nurses for Tuberculosis.
4. Social Questions in Tuberculosis Nursing.

Without exception, the papers were extremely interesting and very well written, and they were listened to with closest attention.

Mrs. Von Wagner, whom the majority of our Toronto nurses know, was, as usual, more than well worth listening to in a paper on "Inspection Under Health Boards and Tuberculosis"; then Miss E. T. Patterson, of the Vanderbilt Clinic, spoke on "Disinfection in Tenement Houses in New York City," and was followed by Miss Phelan, of Rochester, in a discussion on similar methods in that city. In her paper Miss Phelan deprecated entire dependence on gaseous disinfection, and expressed the hope that some time in the near future every Board of Health would have a corps of municipal scrubwomen, a remark most enthusiastically endorsed by the audience.

Among other papers read was one by Miss Bertha Stark on the "Anti-Tuberculosis Work in Pittsburg Schools," one by Miss Harriet Fulmer on "The Care of the Advanced Consumptive," and another by Miss Jacques, of Philadelphia, on "Home Occupations and Dangers." These and many other papers equally interesting followed each other in quick succession, and were succeeded by a most animated discussion, in which medical men, nurses and laywomen joined eagerly.

Perhaps no paper read during the session caused more discussion than the one read by Miss Lent, Head Nurse, Visiting Nurse Association, Baltimore, on "The True Function of the Tuberculosis Nurse." She and Miss Ellen N. LaMotte, in a paper on "The Unteachable Consumptive," read the day before, sounded what appeared to be, on a superficial hearing, the note of discouragement—told of so much work done and so little accomplished. But a thoughtful consideration of these two papers told a different story. In both papers the writers look matters squarely in the face; they entertain no self-complacent delusions concerning the results of their work, but, in the face of discouragement and defeat, they breathe the highest and noblest hopes for the future.

Mention only can be made of the numberless other papers read

in the different sections. The proceedings of the Congress will fill several large volumes, and will, no doubt, be the most important and comprehensive contribution to the literature on tuberculosis that has been published so far. Koch was heard, and so was Trudeau, and Calmette and Von Pirquet, of conjunctival and cutaneous tuberculin reaction fame, read papers, in French and German respectively. There was such a surfeit of good things that it was impossible to hear everything that one wanted to hear.

As for the exhibition itself, it was absorbingly interesting. Photographs there were by the thousand—photographs of different sanatoria and dispensaries, many rather dreadful ones showing filthy dwellings and bedrooms, some of these with companion pictures showing the improvement after the visits of the nurse or inspector. Massachusetts contributed a very complete set of photographs, showing avoidable and unavoidable sanitary conditions associated with a few selected occupations, some of which are commonly regarded as being especially conducive to tuberculosis of the lungs. The New York State exhibit was admitted to be the largest and best, but from a nurse's standpoint the Maryland and the Pennsylvania showing could hardly have been surpassed, owing, to a great extent, to the fact that the exhibits of the Visiting Nurse Association of Baltimore was in charge of Miss Lent and Miss LaMotte, and that of Philadelphia in the hands of Miss Jacques and Miss Sutton. The enquiring nurse, anxious to learn, could not have had sweeter or kinder treatment at the hands of these four delightful women. The two exhibits, standing side by side as they did, formed an irresistible magnet to draw the nurses, and of those who came again and again none left without gaining fresh ideas, and, more than all, fresh enthusiasm and inspiration. The Playground Association of America was represented by three models, one of a municipal playground, one of a school playground, and one of a private yard playground, models not of any particular playgrounds now in operation, but showing equipment and arrangement which may be adapted to the average city, school or private yard playground. The International School Farm League of New York City was represented by a model of an actual garden, and was in charge of another very charming woman, Mrs. Henry Parsons, who was as eager to explain and enlarge upon the good points of her garden as we were to listen.

Of course, while by far the greater part of the material came from the United States, a great many other countries were represented. Germany and Great Britain made, perhaps, the best showing, but, for obvious reasons, none of the exhibits approached those of the United States for completeness and size. Canada's contribution was made up almost entirely by a large number of specimens from the Pathological Museum, McGill University.

Washington entertained its visitors royally during their stay. There was a reception at the White House and one at the Corcoran

Art Gallery, and for the nurses especially a reception at Garfield Hospital and a sail down the Potomac. The most delightful thing about these entertainments was that the shyest and most retiring stranger could attend them with the absolute assurance of perfect enjoyment, so wonderful was the spirit of good-fellowship that prevailed.

If the question were asked, What was the thing that impressed us most in the Congress? a great many would answer that the beautiful spirit that prevailed meant more to us than anything else. Ideas there were to be had in plenty, and the most exhaustive information on every branch of the subject, but what would they have been without the enthusiasm, the public-spiritedness, the unselfishness that everywhere was manifested.

To Canadians the interest shown by the laity of the United States in the campaign against tuberculosis was particularly noticeable. The church and the press appear to take a prominent part in the work, some churches in particular maintaining their own dispensaries. By the way, in this connection it would be only courteous to remark that the Church of the Ascension in Washington undertook the heavy task of providing luncheon and afternoon tea in the Museum for those of the visitors who desired it. To go once meant to form the habit of going all the time, not alone because of the excellence of the viands or the extremely low scale of prices, but particularly because of the charming welcome given by the people of the church, who acted as waitresses and helpers. Only those who saw the same workers there day after day could have any idea of the self-sacrifice it must have involved, but every day saw them kinder and more hospitable than ever.

Since our return from Washington, some of us, no doubt, have asked ourselves the question, What are the people of Canada doing to help in the crusade against tuberculosis? Look where you will, there appears to be much apathy and indifference. Some day, perhaps in six years, or nine years, or twelve years, Canada may have the honor of entertaining the International Congress on Tuberculosis on its own soil. In the meantime what can we do to make ourselves worthy of that honor? We have our own end to uphold in the struggle, let us now begin to make greater efforts to do it.

J. H. N.

SOME PROBLEMS OF THE TRAINING SCHOOL.*

It is not necessary, before an audience of hospital workers, to preface a discussion of the problems of the training school with an account of the general system under which such schools are administered. You are all presumably familiar with it; but, with the thought that there may possibly be those present who are not so informed, I will venture to speak briefly of the foundation on

* Read before the American Hospital Association.

which the training school rests and of the forces which control its activities.

Called into existence as a means of improving the care of the sick in hospitals, the first training schools, both in England and America, were established, not by the hospitals, but by groups of individuals outside of them, who provided funds for the maintenance of the schools, and entered into an agreement with the hospitals to give the pupils certain definite teaching, training and experience, in return for such services as they could render for the sick. Although entirely subordinate to the regulations of the hospital in all that concerned their work, the pupils were, nevertheless, under the direction of an independent body in matters connected with their teaching, training, conduct and discipline.

In the first school for nurses (established in 1860 by the Nightingale Fund at St. Thomas' Hospital, London) this body, called a committee, so interpreted its functions that it not only paid for the board of the pupils and for their uniforms, but paid also a part of the salary of the ward head nurse, as compensation for her services in teaching the probationers. The committee went further, and paid a medical instructor to give the pupils, "at the bedside," certain instruction "of a medical and surgical character."

It will thus be seen that the organization of these early nurses' schools was in some ways similar to that of the medical school, with this essential difference, however, that the medical student paid for his education and training, and the pupil nurse was paid to receive hers.

By just what process this Training School Committee was eliminated, and the school absorbed entirely into the hospital, it matters little to discuss here. In the improved condition of the hospital brought about by the school; in the efficiency of this method of caring for the sick, and its comparatively low cost; in the obvious advantage to the hospital in having entire control of the pupils, and the ease with which such control could be secured, we find a situation leading readily to the incorporation of the training school into the hospital, and the practically universal assumption, at a later date, that the sick in the hospital can only be properly nursed by means of a training school. The logical outcome of this belief is expressed to-day in the thousand or more training schools which are an integral part of the hospitals in this country, and governed by the same authority.

In capacity, character and purposes these hospitals vary widely. There are the large general hospitals, of from two or three hundred to one thousand beds, amply provided with opportunities and material, and furnishing a suitable field for the training of pupils. There are the medium-sized hospitals of from fifty to one hundred beds, offering less in the way of opportunity, but well able to cover a considerable portion of the required ground; and there is a very large group of those which are still smaller, ranging from twenty-

five to fifty beds, with diminishing powers and opportunities, so far as the training school is concerned; while beyond these lie the very small hospitals of five, six, eight and ten, up to sixteen beds, very greatly limited in ability, and offering, as a rule, a mere fraction of what is required as a field for the teaching and training of the nurse. Training schools are found in 53 hospitals of this description, while more than 500 of the entire 1,000 schools are in hospitals of 50 beds and under.

Of other types of hospitals, such as special, for diseases of women or children or for nervous disorders, and more recently of hospitals or sanatoria for tuberculosis, the training school for nurses is a common feature; while in the strictly private hospital or sanitarium for paying patients (often, indeed usually, for the treatment of one special form of disease), the nursing is frequently done largely by means of a school.

It needs no statement of mine to assure this audience that under any and all of the above conditions the school in its entirety has no life of its own, but is shaped and moulded to the needs of the hospital and restricted (?) by its powers. In numbers and character of pupils, in purpose and direction, in conditions of living quarters, food, recreation, in hours on duty and hours off, and, finally, in teaching and in training throughout, in substance, method, teachers and equipment, the school takes what the hospital determines it shall have.

That several of our hospitals are governed in a liberal and enlightened spirit, and thought given to the welfare of the pupil nurse, is a matter quire irrelevant from the main issue, which is the position of the training school in its relation to the hospital. It stands unique as an educational institution of high importance, practically owned by another institution, which profits by the industry of the pupils. Under good conditions the results may be good, often even excellent; under other conditions, they may be, and often are, unspeakably bad. Under any or all conditions, the question to ask is, "Does this system produce the best results? Is it a just arrangement for hospital and pupil? Is it the best that we can do?" And the answer to this is that we do not know, because we have not as yet really tried any other.

In the meanwhile it is quite certain that the present relation between hospital and training school gives rise to many and difficult problems, and it is perhaps not too much to say that the one person to whom these problems present themselves in their most pressing and perplexing aspects is the executive officer who represents both institutions and holds the double office of superintendent of nurses and principal of the training school. Deeply loyal to both, seeing clearly the needs of each, concerned in meeting them adequately and in carrying out the purposes of each to the fullest possible degree wherever they conflict, she is between the upper and nether millstone.

Such a conflict appears at the very outset in the necessity which exists for selecting the pupils in accordance with the immediate needs of the hospital, rather than with suitable standards of requirement for the general work of nursing. Now, I know of no training school, large or small, where the number of properly qualified women applying for admission is large enough to meet the needs of the hospital, and by that I mean, to do the actual nursing work in it.

And by properly qualified women I do not at all mean highly educated women (desirable as they are), nor do I set up any severe standard of requirements. I mean, simply, women of good, thorough English education, of suitable age, good character, physically and mentally sound, and temperamentally able to stand the strain of hospital training and the subsequent work into which that training leads. You will agree, I am sure, that nothing less than this is a safe foundation on which to build any professional or vocational training, yet out of the applicants to our training schools, the number that fully meets these moderate requirements is small. A few in the more prominent schools exceed them, but I say, without hesitation, as a result of many years of experience in a representative school, that, notwithstanding the fact that there may be hundreds of applicants each year, the number of those who are properly qualified falls considerably below the number of pupils needed by the hospital for its nursing service, even though such pupils may be occupied in it for nine, ten, eleven hours daily, and a good part of Sundays included. Now, because this small number of good and promising candidates cannot do the required work, it becomes necessary to add to it (to "keep up the numbers," as the phrase goes) by a larger or smaller number of others who fall below standards in varying ways and degrees, often very much below.

With what reluctance these doubtful candidates, sometimes too young, sometimes too old, frequently meagerly educated, and quite too frequently badly brought up, irresponsible, unrefined—with what reluctance they are considered, admitted on probation, and finally, when it becomes quite impossible to meet the needs of the hospital and dare to send away even one more probationer, with what misgivings and regrets these doubtful sisters are at last accepted, enrolled and brought into the life and work of the school, only those know who, as heads of training schools, have been obliged to do this year after year. There is no escape from it, and I know of no school which is exempt from this necessity.

Although the larger and more prominent schools, where more ample opportunities and advantages are offered, do naturally attract the larger number of desirable pupils, yet question any one of these, and I think you will be assured that there are never nearly enough really good candidates, and that the needs of the hospital must always be met by including the less worthy. And if this is true of the large schools, what might we naturally expect

of the smaller, where the opportunities for suitable teaching and training are in various ways inadequate? I think you will find that here the problem presses much more closely. The standard of requirements for admission here must usually be lowered in every particular, and sometimes, to all practical purposes, it passes out of sight altogether, and "not one survives to tell the tale."

Repeatedly during the past ten years have superintendents of the smaller hospitals and training schools told me of their difficulties in attracting the right kind of women into their schools, and repeatedly have they written to me, as, I presume, to others, asking me to refer to them those who failed to meet our higher requirements, although the material out of which a good nurse can be made is about the same, whether the process be carried on in a large or a small school, and no large school that I know rejects any candidate who, by any process known to it, can be made into a good nurse. Quite recently, in talking with the superintendent of a hospital in a small town, I was told that it is next to impossible in some places to get any applicants at all. Of the few that do apply, many are so uneducated that such a matter as giving out medicines, for instance, becomes a serious problem, owing to their difficulty in reading correctly the labels on the medicine bottles.

This lack of good, or of any, applicants for admission to some training schools, while a matter not only of present discomfort or distress, is of grave import. It seems ominous to those who, familiar with the training school problem as it presses daily, can see no way out of the bewildering and complicated state of affairs. Yet it may not be an unmixed evil if it induces us to give serious and unprejudiced study to the situation, and get down, if we can, to the root of the matter. When we can be quite certain of the cause, or causes (for there may be several), we can then discuss the remedy intelligently and profitably. Before such a careful study is made, we ought not, in justice to both hospital and school, to attempt any radical changes. The fact that there were over 21,000 pupil nurses in our training schools two years ago shows the very great requirements of our hospitals; that number would, of course, be much larger at the present date.

The rapid increase in the demand for pupils for hospital work has practically doubled within a few years, owing to the great activity in the line of hospital building. Two years ago the number of pupils in our training schools was equal to the total enrollment of regular students in several of the great universities of this country—Harvard, Yale, Princeton, Columbia and three others combined. This does not seem to suggest any falling away in students as such. What we need to observe is that, notwithstanding this very large number of pupils in the schools, there are still not enough to meet the needs of the hospitals.

One might also point out here that when nursing as a vocation for women first appeared upon the horizon there were few large

hospitals, and, consequently, few schools for a good many years. In 1880 there were but fifteen such schools; the demand for students was small, and many more women applied than could be admitted. Even ten years later, in 1890, there were but thirty-five schools, but during the following decade, the tremendous onward sweep in hospital building brought with it the establishment of nearly four hundred training schools (423, in fact, are recorded in 1900), while the subsequent six years have more than doubled that number. It is, perhaps, not surprising that there has been a lack of enough candidates for admission to training schools to correspond with any such rapid development.

It might also be borne in mind that the past twenty-five years have been in few ways more wonderful than in the opportunities they have created for women. The two fields of teaching and nursing have opened out, on the one hand, into special work in the kindergarten, in domestic science, domestic art, manual training and nature study; and, on the other side, the many lines of institutional work, which includes the very attractive fields occupied by philanthropic and charitable, social and settlement workers, into which so many of our brightest and best women are venturing. Added to this are the librarians, welfare, and social, and other secretaries, and workers in business and professional offices. Meanwhile the colleges for women have grown and multiplied; Vassar, with her 1,200 students; Wellesley, with 1,500, and Smith, with, I believe, a larger enrollment, could, perhaps, enlighten us as to where to look for the woman who twenty or twenty-five years ago might have stood at the training school door asking admittance. The greater prosperity of the people of this country has made it easy for women to enter college to-day, whose sisters of twenty-five years ago might have been glad to get for little or no expense what the training school offered. It is possible that the colleges might serve as a means of enlightenment in other ways. They might, it is conceivable, point to the long list of waiting candidates for entrance each year, and say that there is apparently no lack of good women seeking education, and that if we cannot find them—or, rather, they will not find us, it may be true that we are not offering them conditions which attract them to us. In other words, they like what the colleges offer, and will not have what the training school offers. We have here the interesting spectacle of hundreds of women entering the college for four years of hard study, and paying a considerable sum each year for it; and, on the other hand, the hospital training school offering a professional course of three years of hard work at no cost to the pupil (as a rule), with board, lodging, laundry, uniforms and text-books provided, or, in default of such provision, a frank payment of money to the pupil. Yet one would suppose that nursing would be just the work to attract the thoughtful, healthy-minded, educated woman, and especially where the training for it could be obtained free of all cost. One is

inclined to remember the saying that people do not value what they do not have to pay for.

One might dwell upon other aspects of this matter, but enough perhaps has been brought forward to show that the needs of the hospital do control the school in its most important function, that of determining what kind of woman shall enter the training school and become later the professional nurse, charged with the gravest of responsibilities, and supplied with powers and opportunities which, if unwisely or improperly used, may make her a harmful member of society. Public opinion has not dealt gently with the trained nurse, and a few, at least, of its severe criticisms have been well-founded. A general recognition of the necessities in the hospital which so largely control the selection of pupils might, perhaps, temper this criticism, or give it another direction.

There is still another and quite different way in which the status of the school may be affected, and that is when the accommodation for pupils is insufficient for the number required to do the work in the hospitals. Here we have a defect which cuts both ways, and affects, and seriously, the welfare of both hospital and school. Hospitals have a way of outgrowing with extraordinary rapidity the provisions made for nurses, and of adding department after department of new work, without at the same time realizing always that each new development of hospital work calls for some corresponding increase in the nursing staff. Hence we find in many schools the superintendent of nurses calling attention to lack of quarters for pupils, and asking for more, stating that her pupils are overworked daily, because she has not room for as many as the hospital needs. This is a very common complaint, but no assurance is needed as to the seriousness of it. It affects steadily and disadvantageously the character of the pupils' work. It usually eliminates all possibility of study, and tends ultimately to produce the disheartened and discouraged worker. And it is those physical and nervous breakdowns among pupils, which, in addition to the loss of just so much human efficiency, stand particularly to the discredit of the training school, which, above all places, should set standards of healthy and well-ordered living. Such conditions often militate strongly against the school in its ability to attract desirable applicants. "I will not send my daughter to that school; they will work her to death," is the not-uncommon criticism of certain schools, where there is failure on the part of the hospital to provide abundant and suitable quarters for its workers, a condition which must invariably result either in neglected patients and badly-done work, or in long hours, and overworked pupils. When such a situation continues, the place loses all characteristics of a school. The overcrowded student can never profit even by the best teaching; she cannot study; frequently she cannot even listen intelligently. To all intents and purposes the school has for her ceased to be a school. She is no pupil; she is a worker, whether

efficient or inefficient. For not only do I refer to formal instruction, such as classes, lectures and recitations, but to that most important and valuable of all teaching—that given in the ward and at the bedside, the whole forming that course of study and training in return for which the pupil gives the just equivalent in her services. With such a shortage of pupils, brought about by insufficient quarters, or by any other cause, the effort of the entire staff is concentrated upon the work—to get it done. Thus the health, welfare and instruction of the pupils is here seen to depend upon the hospital; and since the conviction is held, and strongly, that all pupils must live in the quarters provided for them, usually within the hospital precincts, and under its control, no remedy for this state of affairs seems likely to come from any other quarter. The pupil, even if she lives in the same city in a comfortable home, cannot live there and go to her school daily, as is customary in other educational institutions (?), but must occupy the space in the nurses' quarters which would at least provide room for one more worker for the force. There seems lack of true economy in this method, but it is, of course, so greatly for the advantage of the hospital, and so apparently essential for its smooth running, that any other system will not easily find favor.

In discussing this phase of our subject, I am not unmindful of the number of large, comfortable and even luxurious homes for nurses which, of recent years, have been built in connection with several of our best-known hospitals, but these form a comparatively small number among the 1,000 or more training schools which we are considering.

It is when we approach the actual education of our pupil and attempt to carry out the promises which have been made to her, that the resisting power of the hospital becomes more and more strongly felt, and the enormous difficulty with which it meets even the least of its obligations in this respect is clearly seen. There is no place in its strenuous scheme of life for the machinery of a school. All the space, the effort, the means which the hospital can provide are needed to carry out its immediate purpose, which is the care of the sick, and any scheme of education must, of necessity, take a secondary and insignificant place. A school, to fulfill its functions, cannot take such a place; it calls for teachers, classrooms, equipment, and every subject offered in the curriculum needs these to a greater or less degree. Some subjects, to be taught at all, require a laboratory as well. The teacher is presumably a person specially prepared to teach, with ability to handle certain subjects efficiently, and with time to meet his class regularly, to know his students, and to be interested in their advancement. How far is it possible for the hospital to provide anything of this nature? In perhaps eight hundred out of the thousand schools a good proportion of the teaching given is that comprised in a series of lectures, given gratuitously by different physicians of the staff. That they are fre-

quently cheerfully given, and that much of such teaching is excellent, as far as it goes, does not essentially alter the main facts, which are that such teaching is dependent in its character upon the particular views of that particular physician as to the education of nurses, and upon good-will and circumstances as to regularity and system. It has no stable character of its own. It may or may not cover a certain definite ground. It may be good, even excellent, or it may be worthless as teaching. The school has little power to choose which it shall be. With neither means to pay for suitable teaching, nor freedom to choose the teacher, it must accept whatever is within its reach. I have known an entire short course of lectures, of great importance, offered in the curriculum of a school by a talented, but busy, physician, postponed from month to month, and finally the year concluded without even one of them. I have known the opening lecture of a course postponed for four weeks in succession because the physician giving the course was either suddenly called out of town, or engaged by an emergency within, or by an important dinner. I have known certain subjects which belonged in the very beginning of the year transferred to the end of it, or even to a subsequent year, and upon these lectures might depend the ability of the student to comprehend much of practical work she was then engaged in performing. In hospitals where there is a medical school attached, there is less difficulty in securing systematic teaching, since the embryo professor of medicine is apt to look upon the school as a useful place in which to test his own powers. The teaching thus given by young residents is often good as to substance, and is sometimes carried on with interest, occasionally with enthusiasm, but much of it bears the hall marks of youth and inexperience.

Turning from the teacher to the subjects taught, this matter also is governed by the ability or will of the hospital to provide. Such a fundamental subject as foods, their properties and preparation, was not taught in many training schools in certain States until the laws of the State for the registration of nurses was the means of compelling the hospital to provide this most essential teaching; and other important subjects, equally fundamental, may be entirely omitted from the training school curriculum. Although the teaching in most of our schools is elementary from beginning to end, yet there is the power to restrict this teaching, or to reduce the ground covered in a certain subject to the barest outline. This power rests with the hospital, and at times it may really rest with one member of the Board of Trustees or of the hospital staff. The individual who thinks "this idea of teaching nurses so much is all nonsense, anyway," will not view with favor anything which carries the pupil nurse very far from her long hours of practical work in the wards, and he will be especially suspicious, and apt to shy violently at the mention of bacteriology, for instance, or the still more hopeless subject of pathology. Yet, in the opinion of

the speaker, there is no one subject in which it is essential for the nurse to be more solidly and thoroughly grounded than in bacteriology. Dealing with the causes of disease and with their prevention, it seems to her the very basis on which her subsequent training and education must rest, and largely her safety and efficiency in her professional work. The subject, in fact, in certain of its essentials, might well form part of the education of every citizen, and it is interesting to note that, while on the one hand there may be anxious discussion as to whether it is advisable to give the pupil nurses four or six lectures on this subject, in another direction, students of domestic science who are preparing to teach cookery to children in the public schools are offered, and rightly, a full half-year course in bacteriology.

As to classrooms and equipment, while in certain schools there is one classroom and some equipment, there is in hundreds of schools not the slightest pretence of either. The classroom may be the screened-off end of a sitting room; it may be the dining room; it may be any room which can at short notice be supplied with chairs and table and blackboard. In scarcely any school is there a classroom large enough for the entire body of pupils to be assembled together; and when we come to equipment, material for teaching, such as microscopes, maps, charts, photographs, models and specimens, there is such a painful void that one sometimes wonders how the teaching can be carried on at all. It is almost inconceivable that a body which takes upon itself the function of a School Board as well as a Hospital Board should so lightly view its responsibilities.

And yet, with all our certainty that this equipment should be found in a school, can we wonder if the hospital, with its limited funds, conceives its first duty to lie in providing its patients with food and other necessities. It is hard, indeed, to see how the average hospital can possibly provide these requisites of a school, yet they are requisites none the less.

It is, I think, generally conceded that teaching given in the evening, after a day of hard physical effort, is of very limited value. Yet, until very recently, nearly all of the teaching in training schools was given in the evening, and the eight o'clock lecture was the educational event of the week. I am happy to say that there is now a distinct effort being made to bring classes and lectures forward into the afternoon.

As to the practical teaching and training in the wards, it will probably be said that here at least the hospital provides amply for all needs of the pupil, for even at the minimum she must work in the wards or other hospital departments eight hours daily; so that, while two hours weekly is the average, and three the maximum for theoretical teaching, from fifty to sixty hours of ward work are required weekly of the pupil, even under the easiest conditions. The suggestion that in any of our training schools for nurses there

is an undue proportion of theory would be ridiculous, if it were not pathetic. We are all mentally lazy, and it is often true that the pupils will say they love their active work in the wards, and do not enjoy their study; but that does not alter the fact that they need the study, whether they enjoy it or not. It is probable that if they were less physically tired, studying would seem more attractive.

I should add that there is a brief period in the preparatory course in certain schools where much of the theoretical work of the year is crowded into a few months, and more than two or three hours weekly may perhaps be given under these circumstances.

But now how about this teaching and training in the ward, which we have agreed is so valuable? If it is so important, it is, of course, carefully carried on by highly qualified nurses, specially prepared to teach over the patient the most skilled and perfect methods of nursing. The young pupil must be taught how to observe and record every trifling change in the patient's condition, and what action such a change calls for. She must be taught every process needed, its every detail, and these processes are many. She must then practice each process assiduously, under criticism and supervision, until it can be performed with that ease which is the final perfection of skill; and then she must be taught further under what conditions the process itself must be varied, adjusted, modified to suit the different temperaments and needs of the sick.

Now, I do not need to say that anything even faintly resembling such a method of teaching is not carried out in any complete and satisfactory way in our training schools. The pupil is in the ward to do the work, and to do as much as she can possibly accomplish in a given time. In many hospitals, and especially in certain departments, she works under pressure every hour; and not only has she no time to be taught, but the head nurse of the ward has no time to teach her. This, I think, is true of all large general hospitals where there is an acute service; it is especially true of those with medical schools attached, where, for clinical purposes, prolonged and repeated rounds may almost detach the head nurse entirely from her ward. I have many times been unable to secure a needed conversation with a head nurse for an entire morning, and have gone to a certain ward as many as four times between the hours of eight and twelve, to find her each time in attendance upon a clinic. In such hospitals there are usually one or more assistants who render valuable service in the way of bedside teaching, but their executive duties are many, and they can seldom do what is needed in this direction. In the smaller hospitals the opportunities would be better, that is, the head nurse might have more time, but here again one is met by the fact that there is often no head nurse, but a pupil at the helm, and that the limitations in numbers and variety of patients provide less satisfactory opportunities. In certain small hospitals all of the teaching in both

classroom and ward is done by the overworked executive head of the hospital. So that this invaluable field of teaching, the hospital ward, becomes the place where the pupil passes through a succession of experiences and performs over and over again certain acts; but its use as a place for definite study—observation, instruction and suitable development—is little to what it might be. Its best actual teaching is that given in order, system, method and discipline. "A nurse may potter about in a ward for a year and learn very little without definitely directed teaching," said Florence Nightingale many years ago.

The question of the length of training of the pupil is so important that it should be treated at length, and independently, yet, since it forms, perhaps, the greatest of training school problems, a brief consideration of the matter should not be omitted here. Those who have, by reason of long and varied experience in training school work, the best right to know how and under what conditions nurses should be taught and trained, believe that it is not possible to give the average pupil a full, complete and thorough training in less than three years. The speaker is one of those who hold this belief. The applicant of to-day is a very different problem from the mature woman who entered the training school fifteen or twenty years ago. In conformity with hospital, and probably other economic needs, the age entrance has been brought down from twenty-five years to twenty-three, then to twenty-two, and even to twenty-one years, and I have heard of certain schools where, in desperation, they admit at nineteen and twenty, straight from the high school.

The applicant to-day, again, differs from the earlier in having a less careful home training. She does not bring to the school, whatever her other qualifications in education, in natural ability or personality, the knowledge of domestic affairs which was usually possessed by the applicant of twenty years ago. Nor has she met any of those home responsibilities which we used to consider, and still do consider, one of the most valuable qualifications which an applicant can bring.

For these reasons alone—the lowering of age of entrance, the lack of maturity, of home training, of proper ideals of duty and responsibility—the applicant of to-day needs a longer and more careful training to bring her up to the standard of her predecessor in this work. But to this fact we must add another, and one not sufficiently recognized, that there is a wide difference between the requirements which the profession of nursing made of its members twenty years ago, and the professional requirements of to-day.

Twenty years ago, our pupils, as they left the Training School, had practically but one field of work open to them, since the institutional positions were few, and district nursing almost unknown. To-day not only have many new avenues for the nurse opened up that were practically undreamed of at that time, but the familiar

ground of private work has itself so developed as to call for a more thorough, varied and longer training for the pupil.

During recent years the care of infants and children has become the subject of special study and investigation among physicians, and now ranks as a specialty, requiring of the nurse that some months in her training be devoted to this most important subject. In nervous diseases, to which, as Dr. Weir Mitchell says, "the nursing of all other diseases is as mere child's play," the pupil must at least during her training be thoroughly grounded, even if later she obtains additional and special training. The advance of surgery and its development into many separate and distinct fields, such as brain, abdominal, orthopedic and other special branches, compels some corresponding increase in the training of the pupil. It must be enlarged and strengthened to meet the new needs. Where formerly one month in the (perhaps single) operating-room used to serve for the entire training of the pupil, now not less than three months, as a rule, suffices to give the pupil any real familiarity with the bewildering variety of articles and materials used, and with the prescribed technique in handling them; any lack of understanding on her part which leads her to an error may be as fatal to the patient as if made by the surgeon himself; and the same holds true of almost any phase of her work.

As to institutional positions, they grow in number and importance, and where, a few years ago, there were few nurses so occupied, there are now some thousands, if one includes, as one should, not only the Superintendents of Hospitals and Training Schools, but those who fill the offices of Assistants, Supervisors and Head Nurses in them. A fair number probably of the members of this Society are Trained Nurses, the product of our Training Schools, and are in the positions they hold by virtue of that training and the powers which it developed in them, and, apart from the more personal issues of general education and culture, are filling their high offices with skill and ability in direct accordance with the character of their training and the ideals which it set for them. The call for nurses to fill such hospital positions is ceaseless, and we cannot meet it adequately until we can attract into our Training Schools more women of thorough education and the serious and earnest purpose in life which it usually brings.

Nor does the call for the Graduate Nurse cease when the institutions and private households are supplied. It comes even more clearly and imperatively to many nurses from the sick poor in the crowded quarters of our cities; from our factories and department stores, where hundreds of our own sex can be advised and helped; from our public schools, and from numberless other places where the stress and train of our modern life calls for trained and skilled helpers imbued with the spirit of service to their fellows. All the long, hot summer, they are climbing the high tenement stairs to show the young mother how to feed and care for the new

baby, whose life may hang on just that teaching; or to teach the consumptive patient what he must do for himself, and for the protection of those about him. In this world-wide struggle with tuberculosis, our nurses are placing themselves on the firing line.

It needs no argument of mine, I am sure, to convince you that the foundation for any of the various kinds of work which have been touched upon here needs to be broad, strong and carefully laid, and that no brief or limited preparation will suffice. In saying, however, that it cannot well be given in less than three years, I would not be understood as agreeing that a course of such length should be offered in the majority of hospitals. Unless a hospital can provide for a full training in every service, it is not justified in keeping the pupil for three years, and the tendency in hospitals and sanatoria of almost any kind or capacity (and frequently with very limited opportunities) to insist upon a three years' training must be looked upon as deplorable. Looked at baldly, one sees the institution willing to take an additional year of work from the pupil, in return for which it can offer little or nothing. I have in mind a private hospital, the property of one man, in which the work is, I believe, largely surgical. A training school with a two years' course was established, and not long since a third year was added. Almost all of the special nursing in this hospital is done by the pupils, and they are, I am told, placed on special duty at a very early stage in their training. One year of training would probably amply cover all that this enterprising institution has to offer.

In this attempt to place before you some, at least, of the problems with which the Training School is confronted, I am led to believe that they are all mere aspects and phases of one single problem, and that problem is the relation of the hospital to the Training School. Familiar as we all are with the present system, it is not easy to entertain the idea of anything different. Yet there are those who feel that, in the best interests of both hospital and Training School, some reconstruction of that system is necessary; that much of the teaching, especially all of that fundamental work included in the preparatory course now given in the hospital, should be given outside of it, in a central school, which could do for a number of hospitals what each one is now trying to do for itself; and that this central school should take upon itself the direction of the education and the responsibility of arranging with different hospitals for the practical training of the pupil in all the various services. In other words, that the Training School should rest upon a foundation not unlike the Medical School. Such central schools could, in course of time, help to solve the problem of nursing in some of the small, special, or private hospitals, now struggling to maintain their own separate schools.

I should like to add my personal belief that the pupil should pay for her training straight through, but that she should be more independent of the requirements of the hospital, which, in some departments, should be partly met by salaried workers.

I am by no means presenting new ideas to you in these suggestions. Most of them have already been made by a good many people. The need of such a central school was admirably presented by Dr. Francis Denny in the *Boston Medical and Surgical Journal* for June, 1903; Dr. Richard Cabot has written frequently and convincingly on the subject; while Mrs. Hunter Robb, in a noteworthy paper read in Washington some years ago, outlined a plan for such a school, which should be carefully studied. An article by Dr. Oldfield, in the *Westminster Review* a few years ago, advocated a Royal College of Nurses and the granting of degrees. I confess that nursing, as I see it, seems to me as worthy a place in the scheme of the University as any art or science in it.

I have tried in this paper to lay before you as faithfully as I could some of the difficulties with which our Training Schools are contending, which are apparently the inevitable result of the present relationship between school and hospital. To me, at least, they seem serious, and I would think they merit your attention and most thoughtful consideration. This is no question of doctor *versus* nurse, or of hospital *versus* training school; each is essential to the other. The question is, what is the very best that we can do for our Training Schools? The various classes of people and the institutions in the community which have come to lean upon the Trained Nurse, and to be dependent upon her services, require of us that we should, in our teaching and training, put her in the way of developing those services to their ultimate power and usefulness.

M. A. NUTTING.

CANADIAN TRAINING SCHOOLS FOR NURSES.

Trained nursing is the outcome of the reformation that has been gradually taking place in the practice of medicine. We know that there are preventive and curative agents outside of pills, powders and dosage; for however good the treatment may be, to be of value, it must be carried out fully and faithfully, and the ordinary hygiene of the sick room, the special rules for sick diet must be observed by a person of intelligence, tact and unwearying vigilance, or a great deal of the work of the physician is lost.

As early as 1859, Florence Nightingale felt this, and handed over the fund that had been presented to her after her work in the Crimean War to St. Thomas' Hospital, for the purpose of opening a school for the training of women in the care of the sick and the wounded. This school was called the Nightingale Institution. Unfortunately, the class and the number of women who entered it did not give promise of great success to the movement. They were women who saw before them the prospect of respectable and comfortable living without undue expenditure of labor.

About 1868 an appeal was made to Miss Nightingale for assistance in reorganization, and a new order of things was instituted. After an almost wholesale weeding out of the old nurses, a better class of women was taken on as nurses, sisters and hospital superintendents. Two classes of probationers were given instruction—probationers and special probationers. The former class included those who received, during their year of training, from the Nightingale Fund payment in money and clothing to the value of about £16, or \$80. The latter paid £30, or \$150, for maintenance during the year of their training. This arrangement was made to give gentlewomen an opportunity to qualify themselves in the practice of hospital nursing. The training occupied one complete year, after which they were expected to continue their work for three years in connection with the hospital or some institution for the care of the sick.

Even this improved training did not supply the need nor give the comprehensive education required to elevate nursing to a scientific art, although, it was the only systematic one given in England at the time. In the *Lancet* of May 21st, 1872, we find the following:

"The importance of efficient and skilled nursing in the management of the sick is now so thoroughly understood and appreciated that we do not hesitate to acknowledge our satisfaction in meeting with the following paragraph in a notice circulated among the influential members of the profession in London and the aristocracy generally: 'It is proposed to establish an institution in this country similar in its objects and constitution of the Frauen Verein, of Darmsdadt, Germany. It will be intended chiefly for the education of ladies who are anxious to devote themselves to nursing as a profession.'"

This institution was called the National Nursing Association.

From these beginnings we find the spread of training-schools for nurses to the other hospitals in London and England, across the Atlantic to the United States and to Canada. The year 1872 saw the opening of three training schools for nurses in the United States, namely, Bellevue, New Haven, and the Massachusetts General, all three being the outcome of the conditions existing during and after the Civil War, and brought about by the earnest efforts of a few charitably disposed ladies, with the expenditure of much time, labor and money. The training received at three schools was to fit women to care for the sick poor.

In Canada, the town of St. Catharines was the first to follow the lead of Miss Nightingale. In the year 1873, plans were laid for establishing a training school for nurses in connection with the General and Marine Hospital, which had been founded by Dr. Theophilus Mack, in 1865.

Dr. Mack was untiring in his efforts to promote the usefulness of the hospital, and to his remarkable enterprise is largely due the

fact that a training school for nurses was established in St. Catharines long before the larger cities of the Dominion had taken this question up, and indeed at a time when nurse training schools were practically unknown on the continent, and only a few of the larger hospitals in Great Britain were known to be training nurses.

Dr. Mack and those connected with him, being anxious to introduce into Canada the system of training that was proving such a success in the old land, Miss Money, the Matron of the hospital, was commissioned to go to London, England, for the purpose of bringing out two trained nurses and others willing to be taught, to the number of five or six.

In the winter of 1873, Miss Money sailed upon this mission. She returned early in 1874, bringing with her three trained nurses from Guy's Hospital, London, and by June of the same year St. Catharines Training School for Nurses was established. It was afterwards given the name of the Mack Training School in honor of its founder.

During Miss Money's absence in England, Dr. Mack, by the kind assistance of benevolent friends, was enabled to rent and furnish a house suitable for a nurses' home, and to fund a sufficient sum of money for its maintenance for one year.

This house the nurses occupied until a home was erected on the hospital grounds for them, which was in the early years of the Training School, so that at no period in its history have the nurses of this institution been housed in the hospital building.

The early graduates of the Mack Training School were called "Sisters," and wore an outdoor uniform, both of which customs were discarded many years ago.

From the rules and regulations of the school at that time, we quote: "The nurses must sign the by-laws and constitution, binding themselves to serve three years, the first six months as probationers, free; after that period they received, in addition to their board, a fixed stipend, payable monthly, or quarterly, and a sufficient supply of uniform clothing each year.

"Every woman entering upon the service must give satisfactory evidence of purity of motive, of good character, and Christian conduct, and of having received the elements of a plain English education.

"The nurses, in the daily discharge of their duties, must observe the strictest secrecy, and carefully avoid 'gossip,' and their demeanor should be kind and respectful on all occasions, and when on duty at private houses, they are expected, in addition to taking complete charge of their patients, to avoid giving unnecessary trouble; to wait upon themselves, and to pay the closest attention to the preparation of ailments for the sick, as well as to cheerfully assist in any matter not strictly within the limit of their duty."

This is the oldest school in Canada, has been in existence con-

tinuously for thirty-five years, and is to-day one of the best-known of the smaller training schools.

In the *Canada Lancet*, July 31st, 1877, we read as follows: "It is proposed to establish a training school for nurses in connection with the General Hospital, Toronto. Miss Goldie, Lady Superintendent of the hospital, will assume the management. She has had considerable experience in the Franco-Prussian War and in British and Continental hospitals, and is therefore eminently qualified for such an undertaking. It is proposed to take about twenty young women and distribute them about the wards of the hospital, where they will have to discharge the duties of the nurses already in the place. The period of residence will be about six months, and the fees will be fifty dollars for the period, including board and lodging. Appropriate lectures will be given by medical gentlemen of the city. Those wishing to enter should apply at once to Miss Goldie."

It was not, however, until four years later, April, 1881, that the Training School in connection with the hospital was really established. Up to this time, the nurses were of the type found in all hospitals prior to the establishment of training schools. Educational advantages were not considered essential, and, indeed, most of these women were of the charwoman type, and were more anxious to keep up their own spirits by an occasional touching of their lips to the bottle than to concern themselves about the comfort and welfare of their patients. They slept in rooms off the wards, and took their meals in the basement.

One of these was old Nurse Eliza, who, after being pensioned off, was given a bed in one of the hospital wards. She smoked her pipe at will, and had her daily allowance of spirits. A scarlet fever patient was admitted, in error, to the ward where she slept, and the doctor having ordered a disinfecting bath for all who had been exposed to the infection, she was heard to exclaim, with much indignation, "Think of me, a woman eighty-three years old, never had a bath in my life, being ordered to do such a thing."

The staff at this time consisted of six or seven head nurses and twenty-seven pupil nurses. The head nurses, by the way, had not then received any training, and one of them, in later years, explained proudly how she had been made head nurse one week after entering the school. The Assistant, Miss Starry, a graduate of an English hospital, was the only one in the school who had any training in hospital work.

In 1884, the Training School was reorganized on a modern basis, under the management of Miss Snively, a Canadian, and a graduate of Bellevue Hospital, New York, the present Superintendent of the School, and from this time forth the spirit of improved nursing was abroad in our land.

The Training School of Toronto General Hospital is the largest

in Canada at present, having one hundred and ten pupil nurses on the roll.

In the year of 1886, two Training Schools were organized, one in connection with the Hospital for Sick Children, Toronto, with four pupil nurses. Only one of these remained in the school long enough to receive her diploma two years later. This school has 60 pupil nurses in training at the present time, and is to be congratulated on having the finest and most beautifully equipped home for its nurses on the continent, the gift of Mr. John Ross Robertson.

In the same year a school was organized in connection with the General Hospital at Kingston by the late Dr. K. W. Fenwick. Four nurses composed the staff, three of whom completed the two years' term.

In the year which followed, the number of schools for nurses grew apace, in connection with hospitals large and small. Of these, we will only have time to mention a few of the more important.

The Lady Stanley Institute for Trained Nurses, Ottawa, organized in 1890, at the suggestion of Lady Stanley, wife of the Governor-General of Canada at that time, and named after her. This was an independent corporation, though the pupils received their practical training in the wards of the County of Carleton General Protestant Hospital, and in the Ottawa Maternity Hospital.

In March of the year 1901, the Lady Stanley Institute was, by Act of Parliament, amalgamated with the County of Carleton General Protestant Hospital. The training school then became an integral department of the hospital, under the same management and control. The Act provides that it shall be maintained by the hospital, and continue to be known as the Lady Stanley Institute for Trained Nurses.

Another of the schools organized about this time was that in connection with St. Michael's Hospital, Toronto, opened in 1892 with five pupil nurses. This school has now 45 pupil nurses.

The oldest and best-known school in British Columbia is that of the Royal Jubilee, in Victoria, founded in 1897, in commemoration of the Diamond Jubilee of our late Queen.

In Manitoba, the Winnipeg General has been doing good work for a number of years.

In Lower Canada, the honor of establishing the first training school (1890) belongs to the Montreal General Hospital. Many attempts made previous to this date had ended in a failure. As early as 1870, a Matron was selected and sent out to the hospital by Miss Nightingale, but after a few years of uphill work, she returned to England. Whether the methods employed were at fault, or whether those in authority failed to grasp the situation, it is difficult to say, but the various attempts, as I have said before, were dismal failures. Like all other hospitals of that period, the Montreal General had its trials, the same faulty methods prevailing there as elsewhere. The nurses were hired by the month, and

treated as servants, but neither housed nor fed as well as the servants of to-day. To-day the Montreal General is the second largest school in the Dominion, having eighty-five pupil nurses.

Montreal also boasts of another large school, the Royal Victoria Hospital, organized in 1894, the pupil nurses on the roll this year numbering seventy-six.

When we remember that, thirty-five years ago, there was but one training school in Canada, and that to-day we have over one hundred well-organized schools, and over fifteen hundred pupil nurses in training, we feel that we have every reason to be proud of our position in the nursing world. When we think of these schools, extending over the country from the Atlantic to the Pacific, each with its carefully planned scheme of teaching, with its pupil nurses, young women of education and intelligence, provided with teachers and lecturers chosen from the best talent available; each with its careful training in dietetics, and most of them with fine homes and recreation grounds, we realize that it is a far cry back to the days of the good, old, motherly nurse, who picked up knowledge by experience, that is, by experimenting upon their patients, and who learned the best way of doing things by trying all the worst first.

While many difficulties have been overcome, and much accomplished for so young a country, we cannot afford to rest content with the success achieved. Much time, labor and thought have been expended, many prayers and heart-burnings offered up by the pioneers of training schools to bring the work thus far, and we, too, must bear our share, remembering that,

“New times demand new measures and new men;,
The world advances and in time outgrows
The laws that in our fathers’ days were best;
And doubtless, after us, some purer scheme
Will be shaped out by wiser men than we,
Made wiser by the steady growth of truth.”

C. H. GREENE,

Supt. Belleville. Gen. Hospital.

Write on your doors the saying wise and old,
“Be bold! Be bold!” and everywhere—“Be bold;
Be not too bold!” Yet better the excess
Than the defect; better the more than less;
Better like Hector in the field to die,
Than like a perfumed Paris turn and fly.

—Longfellow.



THE Victorian Order is now in its eleventh year, and at the present time there are 17 hospitals connected with it and 21 districts, and the work is extending all the time. There are still many places from ocean to ocean where one or more visiting nurses are an absolute necessity.

In the slums, in the homes of the workingman, in school work, in the logging camps in the western part of the Dominion, on the prairies and in the mining towns; from where the soft breezes of the Pacific cool the fevered brows of the hewer and chopper, to the cold, forbidding shores of Labrador, the Victorian Order nurses are working, and wherever they have been the testimony goes forth that their service has been a beneficent one.

Away up on the coast of Vancouver Island, 130 miles north of the city of Vancouver, is found one of the busiest little hospitals in the country. This is Queen's Hospital, Rock Bay. The building is owned by the B. C. Mills and Lumber Company, the hospital is financed and managed by the Columbian Coast Mission, and the nursing is taken care of by the Victorian Order. The staff consists of a doctor and two nurses, and the patients are brought from the logging camps for miles around by the Hospital Mission boat "Columbia." This hospital can accommodate twenty patients, and many a life has been saved and the journey into the great beyond made less painful for many a poor fellow, because of that little hospital on the beautiful shores of Vancouver Island, exquisitely beautiful in its wild, rugged solitude—a veritable realm of silent places!

A POST-GRADUATE course in District Nursing, four months, is given at one of the Homes of the Victorian Order of Nurses, either in Ottawa or in Toronto. For full information, apply to the Chief Lady Superintendent, 578 Somerset St., Ottawa, or to the District Lady Superintendent, 206 Spadina Ave., Toronto.

The
Guild of



Saint
Barnabas

"Je le pansay ; Dieu le guarit." [I tended him ; God healed him.]

—Ambroise Paré.

Canadian District

MONTREAL.—St. John Evangelist, first Tuesday, Holy Communion at M.G.H., 6.15 a.m. Second Tuesday, Guild Service or Social Meeting, 4 p.m. Third Tuesday, Guild, Service at St. John's, 8.15 p.m. Last Tuesday, Holy Communion at R.V.H., 6.15 p.m.

District Chaplain—Rev. Arthur French, 153 Mance Street.

District Superior—Miss Stikeman, 216, Drummond Street.

OTTAWA—The Cathedral, First Monday.

Chaplain—Rev. Canon Kitson, the Rectory.

Local Superior—Miss L. C. Wicksteed, 494, Albert Street.

TORONTO—St. James' Cathedral Rectory, last Friday, 8 p.m.

Chaplain—Rev. Canon Edward A. Welch, St. James' Cathedral Rectory.

Local Superior—Mrs. Welch.

Secretary—Miss Maud Roger, 5 Howland Ave.

"DEVOUT AND HONORABLE WOMEN."—ACTS XIII. 50.

Some are devout but not honorable; some are honorable but not devout; some are neither devout nor honorable; and some are, thank God, both honorable and devout. It is in the standard set us in the fourth class, in words translated from the Vulgate, that we find our motto for the Guild Anniversary, *Mulieres religiosas et honestas—devout and honorable women.*

It is well to have a standard: it is what nurses are asking for every day. Our lives, they say, and say truly, are so different from other people's lives; our hours are so different from other people's hours; our difficulties are so different from other people's difficulties. Cannot you give us a standard at which to aim—something high to fly at, and yet not "high flown"—something that is both practical and ideal; something that will satisfy the loftiest aspiration, and yet won't damp the aspiration of the practical nurse, who has got to live in hospital, or district, or at some private case? This was the question asked by a daily paper not long ago. We want someone to tell us, it said, the *type* of nurse we are to aim at having in the future? We know; we can answer the question. Short and clear the answer comes from that old Book written by a Physician—the type of nurse that we want in the profession is the woman who is both devout and honorable.—*Canon Holmes.*

My Scallop-Shell of Quiet

GIVE me my scallop-shell of quiet,
 My staff of faith to walk upon,
 My scrip of joy, immortal diet,
 My bottle of salvation,
 My gown of glory, hope's true gage;
 And thus I'll take my pilgrimage.

Blood must be my body's balmer;
 No other balm will there be given;
 Whilst my soul like quiet palmer
 Travelleth toward the land of Heaven;
 My soul will be a-dry before,
 But, after, it will thirst no more.

—Sir Walter Raleigh.

THE UNCHANGING SAVIOUR.

In the far-off destinies to which we are moving, Jesus Christ will be more to us. Not because He will have changed either in Himself or in His relationship of love to us, but because we shall have grown. It sometimes takes us fifty years to discover the worth and innermost character of those who were the guardians of our thoughtless childhood, and it will take many ages for Christ to be adequately discovered to us. And yet the coming eternities cannot enrich the love, deepen the sympathy, or increase the helpfulness of Him who shares His Father's life, and is the same yesterday, to-day, and forever.—*T. G. Selby.*

DAILY COUNSEL.

You will meet with those who differ from you in thought, not only in your work, but in your religion; both may be right, but how hard to understand; faults may be found in you that were quite unsuspected in you before; all this must be made a matter of forbearance. You will meet with some that grumble and sneer, spreading abroad the spirit of discontent, and for a time this is often the ruin of many a noble training school; and if this spirit of discontent is allowed to enter our hospital world out goes all loyalty and *esprit de corps*, meaning the working together and unity of comradeship. Try to put down gossiping, which, if encouraged, will soon work up a scandal. All this is very trying when met with. Set the right before you, and never sanction wrong in any shape or form. Treat all new probationers well and kindly; try not to say anything that will vex or grieve them: if such should happen, put it right at once. All this will make life more pleasant. Erskine says: "Life is not divided into two parts, all should be religious. The world is a temple, and the business ought to be the services of the temple."

Whatsoever things are true, whatsoever things are honest, whatsoever things are just, whatsoever things are pure, whatsoever things are lovely; nurses, ponder these things over, it is worth your while, it makes your lives more beautiful and happy, not only for yourselves, but for others.—*Miss Sophie Morris, Matron of Bristol General Hospital, in "The Nursing Times."*

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Editorial.

THE CANADIAN NATIONAL NURSES' ASSOCIATION.

We hope that a good delegation to represent the National Association will go to the International Congress in England in 1909. The expense of a trip to England is not as great as formerly, and, of course, all delegates will bear their own expenses. Plans made early and carefully render the journey easy, happy and profitable.

REGISTRATION IN ENGLAND.

It is considered that the Nurses' Bill has been greatly improved by the time and attention devoted to the subject in the House of Lords. Co-operative training, providing for work in infectious and other special hospitals, is to be recognized. We await further developments with increased interest.

THE FAIR OF ALL NATIONS.

The Fair is over and the Toronto Graduate Nurses' Club is happy in the possession of about \$4,000, part of which, probably from \$1,000 to \$1,500, will go to pay expenses. Everything about the Fair was attractive, from the first programme sold to the auction with which, at a late hour on Saturday night, the great Fair closed.

The patrons were: His Excellency the Governor General, Earl Grey; Countess Grey; His Honor the Lieutenant-Governor, J. M. Gibson; Mrs. Gibson; Sir Mortimer Clark, Lady Clark, Sir J. P. Whitney, Lady Whitney; His Worship the Mayor, Joseph Oliver; Mrs. Oliver.

The programmes were dainty and beautiful, the cover design of rose, shamrock and thistle, being greatly admired. Mrs. T. Eaton sent a cheque for \$500, and the names of a few other donors are as follows: Lady Pellatt, Mr. Hammond, Mrs. Cawthra Mulock, Mrs. A. Gooderham, Mrs. J. F. W. Ross, Dr. Skinner Gordon, W. A. Murray & Co., P. W. Ellis & Co., Mrs. Broughall, Archbishop McEvay, Mrs. J. C. Eaton, etc. Beside these, there were donations from many friends, from merchants, and from nurses at a distance, including the Channel Islands, England, Mexico, Jamaica, British Columbia, Illinois, different Ontario towns, and a beautiful Santa Claus box from the Alumnae Association of Hamilton City Hospital. Best of all is the feeling that everyone enjoyed the Fair and nothing but kindly memories will be the result.

Correspondence

MY DEAR CANADIAN NURSE,—It is half after eleven, as they say in this country, and I have just come in from a reception at Garfield Hospital, but I cannot go to bed until I have unburdened myself of some of the ecstasy that has been pent up in me all day. So be prepared.

Had I only been able to spend one day in Washington, and that one this day, it would have been worth while to make the journey for it alone. To begin with, it was the day for the nurses' meetings at the Congress. The first paper was to be read at 9.30, but 8.30 found your sagacious sister firmly fixed to the centre chair in the very front row in Section V., and from that chair no persuasion could make her move. I wish you could have been there. I wish every woman I know could have been there, whether they were nurses or not—so inspiring, so helpful, was it all. I have gained a new respect for myself, not because of what I am, but because of what I see my sisters in the work to be. Splendid women they are, so capable and so public-spirited. You have no idea how ashamed it makes me to see them—ashamed of myself, I mean. Heretofore I have been a mere plodder, trying to do my money's worth of work and the least little bit more, but now, oh, wait till I get home and you will see the difference!

At the meeting to-day, Miss Stark, of Pittsburg, read a paper on the anti-tuberculosis work in Pittsburg schools. This was very interesting. Now, wouldn't it be possible for you, when you are teaching, to do a little work along that line, very quietly and unobtrusively, perhaps, for you cannot be aggressive and radical until your School Board gives you permission, but still you might do a little. In any case, if ever there is an anti-tuberculosis crusade in the public schools, I look to you to be found in the front of battle. I am bringing you home some literature that will help you. And do make a stand for the supervised playgrounds and school farms. I have met such a nice woman, Mrs. Henry Parsons, the director of the Children's School Farm League in New York, and it has been simply an inspiration to hear her tell of her work. She has a model of one of her gardens in the exhibition, and she is like a happy child with a toy as she hovers over the cleverly constructed piece of work, explaining and pointing out its beauties.

But to return to my nurses' meeting. It was such a comfort to see by some of the papers that the nurses doing my kind of work had just my difficulties to contend with; indeed, some of them had more. But it didn't appear to dishearten them or cast them down, but rather spurred them to fresh effort. Do you remember Dr. Eakins saying once that "optimistic discontent is the soul of all effort." I thought of that when listening to Miss Lent, of Balti-

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more. By the way, can a learned person like you tell me if that is original with Dr. Eakins or not?

In the afternoon I went to the Tuberculosis Dispensary on H Street. I was the only visitor, and was so kindly received by the nurse and the doctor, and I am invited to go out with the nurse on her rounds to-morrow. I have done a little investigating of Washington's poorer quarters on my own account, but it will be much better to go with someone who knows.

And now for the reception. It was raining, and when I got out of the car to go up to the hospital Mrs. Von Wagner, of Yonkers, insisted on my sharing her umbrella, so that I could use both my hands to hold up my light dress. And if you don't know who Mrs. Von Wagner is, you ought to. When we went in, Miss Nevins, the Superintendent of Nurses, gave us the sweetest welcome, and when I said I came from Canada she exclaimed, "Oh, Canada! To me that means Muskoka and Clevelands, the loveliest place to spend the summer." Everybody says the sweetest things about Canada and the Canadians, and I only wish we deserved them. There was an orchestra playing the most heavenly music in an almost heavenly way. The first thing we heard was a collection of songs, such as "How Can I Leave Thee?" "Even of Thee," "Life's Dream Is O'er," and that Leonora thing from "Il Trovatore." Imagine your happy sister standing at the door of a balcony, looking down on Washington all wet and shining in the rain, listening to that lovely music and to Mrs. Von Wagner's pretty broken English as she talked beside her. And she was not the only great one I met, for there was Miss Dock and Mrs. Hampton Robb, and many others. Oh, it was lovely, lovely, and I'll never forget it!

Don't ask me about styles, for I have something better to do than to observe them. I am not even shopping, and that's wonderful for me, for in London you couldn't keep me out of the shops. But I can shop in Eaton's when I get home, and in the meantime I'll employ every moment in taking in the beauties of this city and the wonders of the Congress.

I am so glad I came. I must thank Miss Snively for her part in it, for if it had not been for her I am sure I should never had it in me to do it myself. But she knew better than I what was good for me.

If I don't go to bed now I shan't be able to see out of my eyes to-morrow.

YOUR LOVING SISTER.

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If you are an invalid, do your best to get well; but, if you must remain an invalid, still strive for the unselfishness and serenity which are the best possessions of health. There are no sublimer victories than those that are won on sickbeds.—*Phillips Brooks.*

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Sick Visiting Committee: Miss Moore, Miss Robinson, Miss G. Morton, Miss Klinck.

The meetings are held on the last Thursday of the month at 3 p.m. in the Board Room of the Hospital.

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The following lady has received an appointment as Staff Nurse: Miss L. E. Schneider.

POSTINGS AND TRANSFERS.

Miss E. Beck, to Mil. Hp., P. Maritzburg, S.A., from Army Hdqrs., Pretoria; Miss L. M. Lyall, to Mil. Hp., Bloemfontein, S.A., from Mil. Hp., Harrismith; Miss E. H. Hordley, to S.S. "Plassy," for duty as Acting Matron, from Alexandra Hp., Cosham; Miss M. M. Tunley, to S.S. "Plassy," for duty, from Royal Vic. Hp., Netley; Miss F. G. P. de Stourdza-Zrinyi, to S.S. "Plassy," for duty, from Royal Infirmary, Dublin.

Staff Nurses.—Miss M. H. Congleton, to Mil. Hp., Dover, from Alexandra Hp., Cosham; Miss M. J. Jones, to Alexandra Hp., Cosham, on appointment; Miss M. E. Brewer, to the Queen Alexandra Mil. Hp., Millbank, London, from Camb. Hp., Aldershot; Miss M. E. Jacob, to Camb. Hp., Aldershot, from the Queen Alexandra Mil. Hp., Millbank, London; Misses M. Barton and E. C. Ellis, to Mil. Hp., Cairo, on arrival in Egypt; Miss E. B. Levay, to Mil. Hp., Shorncliffe, on appointment; Miss L. A. Ephgrave, to Mil. Hp., Cork, from Mil. Hp., Shorncliffe; Miss L. E. Schnieder, to Mil. Hp., Devonport, on appointment; Miss M. D. Woodhouse, to S.S. "Plassy," for duty, from Royal Herb. Hp., Woolwich; Miss E. C. E. Lindsay, to Royal Infy., Dublin, on appointment; Miss M. E. Medforth, to Camb. Hp., Aldershot, from Royal Infy., Dublin.

C. H. KEER,

Matron-in-Chief, Q.A.I.M.N.S.

MILITARY ORDERS, 1908.

No. 260—FRIDAY, 13TH NOVEMBER.—1. A course of instruction will be held at Halifax in 1909, commencing on a date to be notified later, and lasting one month, for Nursing Sisters of the A. M. C.

All Nursing Sisters must qualify within a year, or be retired.

COURSE.

1. Lectures by Medical Officers on administration of a Military Hospital.
2. Lectures by Nursing Matron Pope, R. R. C., on the following:
 - (a) Method of admitting patients to Hospital and taking charge of kits, etc.
 - (b) Responsibility for bedding and ward equipment.
 - (c) Preparation of Diet and Extra Sheet Summary.

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"Soured milk, because of the lactic acid in it, can impede the putrefaction of meat."—Metchnikoff.

"As lactic fermentation serves so well to arrest putrefaction in general, why should it not be used for the same purpose within the digestive tube?"—Metchnikoff.

"The action of Kephyr in preventing intestinal putrefaction depends on the lactic acid bacilli which it contains."—Metchnikoff.

"Metchnikoff believes that the inherited structure of the human large intestine and the customary diet of civilized man are specially favorable to the multiplication of a large number of microbes that cause putrefaction. The avoidance of alcohol and the rigid exclusion from diet of foods that favor putrefaction, such as rich meats, and of raw or badly cooked substances containing microbes, do much to remedy the evils. But the special introduction of the microbes which cause lactic fermentation has the effect of inhibiting putrefaction. By such measures Metchnikoff believes that life will be greatly prolonged and that the chief evils of senility will be avoided."—P. Chalmers Mitchell.

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Hospital and Training School Department

THE Battleford General Hospital, of which Mr. H. C. Adams is President and Mr. W. R. Ridington Secretary-Treasurer, has been taken over temporarily as a private institution by Miss Minnie Miscon.

MISS MARY CAMPBELL McQUEEN, a graduate of New York City Hospital, and also Superintendent of the General Hospital, Geneva, New York, has been appointed Assistant Superintendent of Nurses at Toronto General Hospital. Miss McQueen's home is in Manilla, Ontario.

MISS ANDREWS, the Victorian Order nurse, is again at work in the Fernie district. The Board of Governors decided to pay the expenses of a district nurse for Fernie for six months, so on October 1st the nurse started out with her little black bag to make her rounds in that city of tents and shacks. It is safe to predict that many a heart will be cheered and relieved by the nurse during these hard months while the city is being rebuilt.

FOUR nurses graduated recently at the Brainerd Hospital of the Northern Pacific Railroad Benevolent Association, and the occasion of the graduation exercises was quite an important one for the town. Dr. Walter Courtney presided, and a large attendance testified to the interest felt in the proceedings. The names of the graduates are: Mable Sara Cole, Katherine Pearl Morgan, Chloe May Stark, Clara Alma Watson. Miss Whitaker's excellent report was one of the chief features of interest, and the Rev. J. R. Allen and others took part in the programme.

An interesting and enjoyable meeting of the Alumnae Association of the Galt Hospital was held Saturday afternoon, November 7th, at the hospital. After a very pleasant hour spent over afternoon tea served by Miss Robinson, Superintendent, the meeting was called to order by Mrs. Wardlaw, who has so capably presided over the society since its organization. Considerable business was



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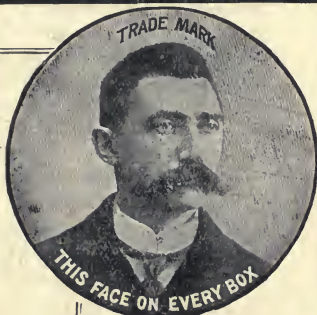
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transacted, after which Miss Robinson, our representative to the meeting called to consider the formation of a Canadian National Nurses' Association, gave an interesting report of the convention of Canadian Superintendents, held at Ottawa. The Treasurer was instructed to send the necessary fee for the affiliation of our society with the C. N. A. of Trained Nurses. Miss Nourse, Head Nurse of the Galt Hospital, graduate of Kingston General Hospital, was made an honorary member of the Association, and three active members were received.

THE Alumnae Association of the Guelph General Hospital held its monthly meeting at the home of Miss Walker on Tuesday, November 3rd.

ARCHBISHOP McEVAY, assisted by Vicar-General McCann, Father Hand, Father Rohleder, Father Morrow and Father Reade presided at the graduation exercises of St. Michael's Hospital, on October 22nd, at which ten nurses, who had successfully passed through the course, became graduates of the hospital. After the opening prayer, each nurse had her name called, and tripped up to the dais to get her diploma and medal, with a word of congratulation from His Grace. This was the first time that medals have been given with the diplomas, and the innovation gave great pleasure. The fortunate young ladies were: Miss B. O'Connor, West Toronto; Miss Edith Gough, Toronto; Miss Amelia Cahill, Peterboro; Miss Maud O'Boyle, Brechin; Miss Mary Boyle, Cobourg; Miss Louise Stephens, Toronto; Miss Catherine Ryan, Campbell's Cross; Miss Margaret Radigan, Galt; Miss Martha Young, Peterboro, and Miss Annie Dolan, Toronto. Speeches were made by Drs. Bruce Smith, Sheard, McKeown, Uren, Cameron, Silverthorne, Scott, Anderson, Dwyer, Hutchison, McCollum, McMahon, Killo-ran, Allen, Arthur Jukes Johnson, W. B. Aikins, Oldright, Nevitt, Burnham, McCullough, Guinane and O'Brien.

THE second annual graduating exercises in connection with St. Joseph's Hospital, Port Arthur, were held on Wednesday, October 21st, in the C. M. B. A. Hall, which was very artistically decorated for the event. At 4 o'clock the hall was filled with invited guests, while on the platform were the Chairman, Mayor Carriek; the guest of the occasion, His Lordship Bishop Scollard, of North Bay; Dr. Beck, Dr. Laurie, Rev. Fathers Grenier, Case, LaFortune and Rev. Mr. Hedley. In front of the stage the three graduates and the head nurse took their places, and behind them the nurses in training and the Sisters of the community. The three graduates are: Miss Alice Morreau, Fort William; Miss Nora O'Shaughnessy, Peterboro; Miss Minnie Maloney, Port Arthur. Addresses were given by His Lordship Bishop Scollard, by the Mayor, by Drs. Beck and Laurie, also by Mr. Hedley. All were profuse in their congratulations to the three clever young graduates, who took such high marks on all their examinations, and much

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credit was given their teacher, Miss Regan. The speakers also congratulated the Mother Superior and Sisters on the efficiency of the work being done in the institution. The presentation of diplomas and medals by His Lordship, assisted by Dr. Beck, was the most interesting part of the programme, and was followed by a very pleasing scene; when five sweet flower girls presented beautiful bouquets of yellow and white chrysanthemums and other beautiful flowers to the three graduates and their head nurse, as well as to His Lordship the Bishop. A very sweet solo by Mrs. A. J. McComber was much enjoyed, as well as a few other musical numbers, and this very successful graduation closed, giving to the world's list of nurses three bright young graduates.

A RECEPTION was tendered to Miss Mary A. MacKenzie, Chief Lady Superintendent of the V. O. N., during her recent visit to St. John, N.B. It was held in the Sunday school rooms of Stone Church, and proved most enjoyable. His Worship Mayor Bullock took the chair and called the meeting to order. Among those present who made addresses were Dr. Walker, Rev. R. A. Armstrong, Dr. Murray McLaren, Rev. Mr. Kuhring, Senator John V. Ellis, Judge Forbes and Judge Ritchie. Miss MacKenzie gave an inspiring address, describing the work of the nurses in the district hospitals. Her remarks were attentively listened to. Musical selections were given, and at the close refreshments were served. A large number of citizens were present and much interest was shown in the proceedings.

ALL the Toronto hospitals and many outside hospitals were united to succeed in the Fair of All Nations. The opening by Sir Mortimer and Lady Clark on November 12th was a beautiful sight, and ever after that the great Massey Hall was thronged every night before the opening hour to see the "March Past." The booths were: English Tea Room—The ladies representing the Royal Grenadiers, 48th Highlanders, Queen's Own Rifles. Scotland—Hospital of Incurables. Ireland—St. Michael's Hospital. France—Western Hospital. Japan—Mrs. J. M. Cotton, Mrs. Fletcher-Snyder, Mrs. J. B. Miller, Mrs. Lalonde, Mrs. Fenton. Egypt—Mrs. Payne. Germany—Mrs. Jacobs, Mrs. Frankel, Mrs. Burns. Greece—Mrs. Weston, Mrs. Copp. Holland—Miss Shuttleworth. Denmark—Miss Bremner. Norway—General Hospital. Italy—Mrs. McGlashan, Mrs. Greer. Switzerland—Mrs. Pringle. Wales—Mrs. Renfrew, Mrs. Eastmure, Mrs. Symons, Mrs. Jeffrey. Under Two Flags—Central Registry. Young Canada—Sick Children's Hospital. New Ontario—Grace Hospital. China—Miss Whale. Sick Room Supplies—Riverdale Hospital. Museum—Mrs. Neville, Mrs. Ferrier. Autographs—Mrs. McPhedran, Mrs. Starr, Dr. MacMurchy. Women's York—Women's Art Association. Telegraph and Telephone—Mrs. Mallock, Mrs. Chambers. Rebecca at the Well—Miss Field, Miss James. Parcel Office—Miss Stewart.

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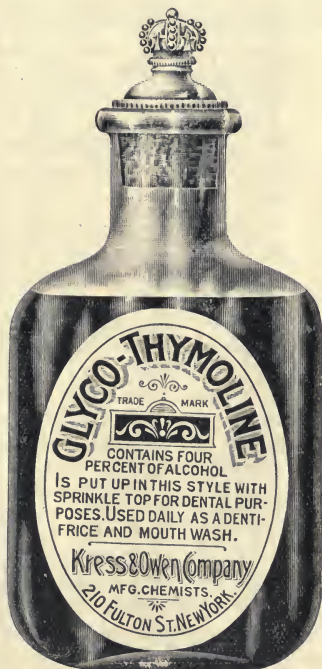
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Odds and Ends—Mrs. Pepler. Tag Day—Mrs. Winnett. Mother Goose—Mrs. R. B. Hamilton, Mrs. Currie. And it would be impossible to say which booth was the most interesting, dainty or beautiful, or which contained the most useful and attractive articles. All were thronged, while down stairs the Midway, the fortune teller and all the other delights were greatly patronized. The tea room on the stage was, perhaps, most attractive of all, and the nurses and their business manager, Mr. Rogers, have good reason to be proud of the result.

KINCARDINE has a hospital. Mrs. Gualco, one of the residents of Kincardine, invited the Mayor, Mr. Andrew Malcolm, and the Town Council of Kincardine and the Reeve, Mr. John Evans, with the Council of the Township, to meet at her residence on Thursday, November 5th, and presented them with a valuable property, situated just outside the town, on an elevation overlooking Lake Huron, and consisting of a site of two and one-half acres, with valuable buildings. Mrs. Gualco at the same time endowed the hospital with \$25,000, and said when engaged in making her will recently she had determined to give the hospital during her lifetime rather than wait till her death, so losing many opportunities to relieve sickness and suffering. The Mayor was scarcely able to express the surprise and gratitude of himself and the citizens at this magnificent gift. Dr. Bruce Smith, Inspector of Public Hospitals and Charities, who was also present, said that the Government would give a grant of \$4,000 to counties establishing buildings for the treatment of tuberculosis. In addition to this an allowance was provided for each patient in a general hospital. In the tuberculosis wards this allowance was \$1.50 per week, and it was likely that this would be increased to \$3 before long. "On the suggestion of Mr. Hanna, I came to Kincardine to-day," he said, "and inspected the property. It is an ideal situation. Just outside the town, on an elevation overlooking Lake Huron, it affords a view unequalled in the Province. To the brick house now on the property, which is two and a half acres in extent, a wing can be built to the north. A laundry and kitchen can be constructed on the other side, and the roof at the rear can be raised. On the higher ground at the back of the lot the cottage for the treatment of tuberculosis can be built. When completed the institution will accommodate in all forty patients. There will be fourteen rooms and two large wards. Unfortunately, throughout the Province there are few who are blessed with the generosity of Mrs. Gualco. Local hospitals are a necessity, and I only hope when other towns hear of this endowment some citizens will do likewise. I would advise you by all means to take advantage of the Government's offer and build a tuberculosis annex. If you do this the County of Bruce will receive \$4,000 from the Province as a building grant. I would advise that the ladies be interested in the project." Reeve Evans, on behalf of the township, then thanked Mrs. Gualco for her

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beneficence, and promised that they would do their share in supporting the hospital. Mr. John Tolmie, M.P., spoke of the need of a hospital and the good work that could be done. Lieut.-Col. Hugh Clark, M.P.P., enlarged on the terrible ravages of tuberculosis in Ontario. He showed that the hospital would be a boon to the town and vicinity, the district being isolated from Walkerton and Wingham, where there are county hospitals, by the roundabout route of the railways and the poor service. Other speakers were Messrs. Barker, one of the oldest residents; J. J. Hunter, editor of *The Kincardine Reporter*; Wm. Temple, J. C. Cook and the Rev. Mr. Ferguson, Methodist minister. Mrs. Gualco was born in Poland. She and her husband moved to South America, where he became wealthy as a constructor of railroads. At his death Mrs. Gualco came to Canada and purchased a fine residence, and here she spends the summer, usually going abroad during the winter months. In her quiet way Mrs. Gualco has done much for this town. The English Church and rectory have been renovated by her, and she has done much to place the church on a firm financial basis. Some two years ago she purchased a large tract of land north of the town and turned it into golf links. She built a neat little club house, then opened the grounds and buildings to the public. Last winter in Bruce County there was an alarming prevalence of illness, particularly typhoid. When Mrs. Gualco heard of this, after her return from Europe, she several times expressed her sympathy. This year her sympathy has taken a practical form, which will bring the blessings of many on her head. There is no selfishness in Mrs. Gualco's philanthropy. Her sympathetic nature and love for all human kind have inspired all her gifts.

A HALLOWE'EN PARTY.—On the evening of October 31st the Alumnae Association of the Montreal General Hospital Training School for Nurses entertained the members of the graduating classes, fall '08, spring '09. The guests and attending members of the Alumnae Association, fifty in number, assembled at 8 p.m. in the Nurse's Home, and at 8.30 p.m. sat down to supper in the Governors' Hall of the Hospital. The tables were decorated in keeping with the night. There were large "Jack o' Lanterns," made of real pumpkins; smaller ones, looking scarcely less real; pumpkin-colored lamp-shades, sweets, ices, etc. The flowers were yellow chrysanthemums and lilies of the valley; the name cards, tied with a knot of pumpkin-color, were decorated with sprays of yellow flowers or with quaint little figures with pumpkin heads; the traditional black cats, bats and witches were not forgotten. The only disappointment, and that a very great one, was that, owing to a severe cold, Miss Livingston, Lady Superintendent of the Hospital and Honorary President of the Alumnae Association, was unable to be present. In her absence Miss Shaw read from her the following address: "*Graduates of the Montreal General Hospital*,—I can hardly tell you what pleasure it gives me to welcome you here

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to-night, and I beg to express to the Alumnae Association of the M. G. H. my appreciation of the good-will and fellowship extended to the graduates of 1908 and 1909. Just here I wish to pay a brief but sincere tribute to the pioneer nurses of the School for their loyalty to their *Alma Mater* and myself. Without their faithful co-operation your School would not stand where it does to-day. In the early history of the School the bare necessities were considered sufficient for the nurses; their surroundings were crude and very unlovely; but we all hoped and prayed for better things, and many here to-night saw order, neatness and cleanliness replace disorder and worse, and an intelligent and beneficent system evolve from a chaos of ignorance. To the graduates of 1908 I would say a few words. For you the day of independent activities is at hand; yesterday you were pupil-nurses—to-day, no doubt, you speak of yourselves as of the profession. Remember, labels are perilous things and exact of us who accept them very serious conditions. What is a profession? The dictionaries define it—as a “vocation”—a “calling”—requiring a learned education. I trust that for all of you the calling is by voices which commit you to a creed of conduct such as that to which the best of our profession aims; it exacts not only purity, but honor and self-discipline. You will, no doubt, ask how we can attain to such perfection? In the answer to this question I trust some among you may find the key that shall unlock the gate opening unto that fair field of the future of which we all dream, and which, I trust, you may all reach.” Miss Isabel Nichol, of the fall class '08, responded on behalf of the graduating classes, and Miss Wainwright, class 1900, then spoke for the Alumnae Association. The fall class '08 presented beautiful bunches of American Beauty Roses to Miss Livingston and Miss Shaw. After supper the party adjourned to the Nurses' Home, where the remainder of the evening was spent in popping corn, playing games and dancing, what was unanimously declared to be a delightful party being brought to a close by the singing of “Auld Lang Syne” and “God Save the King.”

Personal.

MISS FINN, graduate of St. Vincent's Hospital, New York, is doing private nursing in Port Arthur.

MISS RILANCE, of Two Harbors, Minn., graduate of the Galt Hospital, is renewing old acquaintances in Galt.

THE R. M. G. Hospital, Port Arthur, will very shortly be ready to receive patients. It has accommodation for thirty patients.

MISS ALICE PEPPER has been appointed Head Nurse in the Operating Theatre of the General Protestant Hospital, Ottawa.

MISS HOLROYD, of Winnipeg, has lately arrived in Vancouver, where she intends to make her home and take up private nursing.

MISS MILDRED PERRAULT, graduate of St. Joseph's Hospital, Port Arthur, class '07, was married October 29th to Mr. Ernest Perras, of Port Arthur.

Canadian Branch of **CASSELL & CO., Ltd.**

The History of Nursing in the British Empire, by Sarah A. Tooley, \$2.25.

The Home Physician—paper 30c, cloth 45c.

**Our Sick and How to Care for Them*, by Florence Stoeppole.

**Cookery for Common Ailments*, by a F.R.C.P. and Phyllis Browne.

**Advice to Women on the Care of Their Health Before, During and After Confinement*, by Florence Stoeppole.

The Practical Nursing of Infants and Children, by F. C. Madden, M.D., F.R.C.S., \$1.00.

First Lines in Midwifery: A guide to attendance on natural labor for medical students and midwives. New and revised edition, by G. E. Herman, M.D., F.R.C.P., F.R.C.S., \$2.25.

The Care and Management of Delicate Children, by Dr. Percy Lewis, \$1.00.

A Handbook for Midwives and Maternity Nurses by Comyns Berkeley, \$1.50.

Ambulance Work and Nursing, M.B., M.R.C.P., \$1.80.

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MISS REGAN, Superintendent of Training School at St. Joseph's Hospital, Port Arthur, spent her annual vacation in Toronto, London and Strathroy.

THE School Nurses of New York presented their former Superintendent, Miss L. L. Rogers, with a beautiful solid silver tea set "as a token of affection" on the occasion of her resignation.

MISS GRIERSON, of Class '03, V. H. L., London, and Miss Macmaster, Class '01, L. S. I., Ottawa, are in Spokane, where they intend to make their headquarters and take up private nursing.

MISS BERTHA ATKINSON was a very welcome visitor to the Capital during the Canadian Superintendents' convention. Miss Atkinson came as a delegate from the Edmonton Graduate Nurses' Association.

MISS BERTHA J. WILLOUGHBY, Seeley's Bay, Ontario, Canada, a graduate of the Kingston General Hospital, Kingston, Canada, who has recently been appointed as head nurse of the same hospital, has gone to Philadelphia to take the fall courses of instruction in the Swedish system of Massage and Medical Gymnastics, Electricity and Hydrotherapy, at the Pennsylvania Orthopædic Institute and School of Mechano-Therapy (Inc.), 1711 Green Street.

MISS LINA L. ROGERS, formerly Superintendent of School Nurses for New York City, has been appointed to a similar position by the Board of Education at Pueblo, Colorado. Miss Rogers is to organize and initiate the work at Pueblo, and is to have *carte blanche* under the Board of Education. This will be a most interesting experiment, as it is still a matter of doubt whether medical inspection of schools is more successful under the Board of Health or the Board of Education.

BIRTHS.

ON October 12th, 1908, at Welland, a son to Mr. and Mrs. W. D. Ross. Mrs. Ross is a graduate of G. G. H., class 1902.

MARRIAGES.

SINKINS—HANNA.—At the Methodist Parsonage, Sydenham, Ont., September 30th, 1908, by Rev. Wm. Hanna, father of the bride, F. R. Sinkins, Toronto, to Mabel Hanna, graduate of the Lady Stanley Institute, Ottawa, class 1906. At home after the New Year at 60 Rusholme Road, Toronto.

DEATHS.

DOLAN.—Suddenly, at the General Protestant Hospital, Ottawa, October 27th, 1908, Jean Dolan, graduate of the Lady Stanley Institute, class 1907. Miss Dolan had occupied the position of Head Nurse in the Operating Theatre of the General Protestant Hospital for the past eight months, and will be greatly missed, not only by the nursing staff, but also by the members of the medical staff who have had the pleasure of working with her both as a pupil and as a graduate nurse.



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The Nurse's Library.

Mr. John Ross Robertson has issued a catalogue of the Nurses' Medical Library in the H. F. S. C., Toronto. It is a model catalogue of a model library.

We have pleasure in again calling the attention of our readers to an excellent book on obstetrics, *Obstetrics for Nurses*, new (3rd) edition, by Prof. Joseph B. DeLee, M.D., Chicago. 1908. Cloth, \$2.50 net. Philadelphia and London: W. B. Saunders Company. Toronto: J. A. Carveth and Co., Limited.

A collection of Dr. Osler's charming biographical essays has been published by the Oxford University Press, Toronto, under the name of an "An Alabama Student and Other Essays." It is dedicated to Professor Welch of the J. H. H. No nurse needs any further inducement to get the book than the name of Dr. Osler. The essays are thirteen in number and every one is a gem.

Functional Nerve Diseases. A. I. Schofield, M.D. London: Methuen & Co.

This is one of the volumes of "The New Library of Medicine," edited by Dr. Saleebeg, and is well worthy of a place in such a library. The nursing of nervous diseases is such a great and constant field for professional work that this book is timely and well conceived. Dr. Schofield's views are well-known, and, though not always generally acceptable, they make us think, and that is one great advantage about any book. Three of the most useful chapters are those on Psychotherapy, Nerves in Childhood and General Treatment.

Volume Fourth of Osler's Modern Medicine (Toronto: D. T. McAnish) is divided into two parts: Diseases of the Circulatory System and Diseases of the Blood. Dr. McPhedran, of Toronto, contributes an article on "Diseases of the Pericardium," of which we can only say that it is worthy of the reputation of the author, who is justly regarded as the greatest physician in Canada. Dr. Abbott, of Montreal, contributes a brilliant original paper on "Congenital Cardiac Disease," and Dr. Osler himself one on "Diseases of the Arteries and Aneurism."

ALL readers of this magazine who have not received a copy of "Women in Banking," written by Mrs. E. B. B. Reesor, and published in the *New York Bankers' Magazine*, will be given one upon application to the Northern Crown Bank of Canada, 34 King Street West, Toronto. The article is illustrated with pictures of the special rooms set apart for women, and, as the privileges of using them and making this down-town Rest Room a meeting place for out-of-town friends or for consultations with their physicians has always been extended to members of the nursing profession, it will be of interest to you to see what these apartments are like.

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The evolution of the methods of care for the sick from the earliest times to the foundation of the first English and American Training Schools for Nurses. By LAVINIA L. DOCK, R.N., Secretary of the American Federation of Nurses and of the International Council of Nurses, etc., and M. ADELAIDE NUTTING, R.N., Superintendent of Nurses The Johns Hopkins Hospital, Principal of Johns Hopkins Training School for Nurses, etc. Two vols. Price, \$6.00.

The Matron

Her duties and responsibilities, including principles of economy in institutions. Price, \$1.00.

Practical Fever Nursing

By EDWARD C. REGISTER, M.D., Professor of the Practice of Medicine in the North Carolina Medical College, Chief Physician to St. Peter's Hospital, Editor of the Charlotte Medical Journal. Price, \$2.50.

The Role of Modern Dietetics in the Causation of Disease

By J. SIM WALLACE, M.D., D.Sc., L.D.S., Hon. Dental Surgeon West End Hospital for Nervous Diseases and Assistant Dental Surgeon National Dental Hospital, W. Price, \$1.00.

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It might be of interest to our readers to hear that Mr. Max J. Walter, Superintendent of the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy (Inc.), 1711 Green Street, Philadelphia, has recently returned from an extended trip through some of the leading medical centres of Europe for the purpose of investigating the latest methods used abroad in the mechanical treatment of diseases, and under the guidance of the medical directors in charge of the same has tried to make himself familiar with whatever he found of interest to incorporate in the mechanical measures used in the Philadelphia institution.





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